DOCUMENT RESUME

ED 211 189 PS 012 532

TITLE	National Evaluation of Head Start Educational Services and Basic Educational Skills Initiative. Project Report 5: OMB Clearance Request.
INSTITUTION	NTS Research Corp., Durham, N.C.
SPONS AGENCY	Administration for Children, Youth, and Families (DHEW), Washington, D.C.
PUB DATE	3 Dec 79
CONTRACT	HEW-105-78-1306
NOTE	276p.; For related documents, see PS 012 529-533 and TM 810 936-942. Tables may not reproduce clearly because of small print.
EDRS PRICE	MF01/PC12 Plus Postage.
DESCRIPTORS	*Certification; Disadvantaged Youth; *Interviews; *Measures (Individuals); National Surveys; Outcomes of Education; Parents; Preschool Education; Preschool Teachers; *Program Evaluation; Research Design; *Research Methodology; Standards
IDENTIFIERS	*Project Head Start

ABSTRACT

This document provides a copy of the materials submitted to the Office of Management and Budget (OMB) to obtain clearance for instruments used in a study funded by the Administration for Children, Youth and Families. The purpose of the study is to assess the impact of the educational services component of Head Start and the Basic Educational Skills Demonstration Project on the children and parents being served. The first part of the document includes copies of the supporting statement forms used; an executive summary of the main study; a description and justification of the eight instruments to be used in the study; a description of the survey design and potential respondents; an outline of the estimated time schedule for data collection and publication; and an estimate of the study's cost to the federal government. The largest portion of the document consists of two appendices. Appendix A details study variables, presents justifications for choice of variables, and shows the relationship of each item in the eight instruments to the study variables. Appendix B includes copies of the instruments. (MP)

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nts RESEARCH CORPORATION

2634 Chapel Hill Blvd.
Durham, North Carolina
(919) 493-3451

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ED211189

Project Report 5

OMB CLEARANCE REQUEST
for the
NATIONAL EVALUATION OF HEAD START EDUCATIONAL SERVICES AND BASIC EDUCATIONAL SKILLS INITIATIVE

December 3, 1979

PS 012532

Submitted to:

Dennis Deloria, Project Officer
Department of Health, Education and Welfare
Office of Human Development Services
Administration for Children Youth, and Families
Washington, D. C. 20201

Project Director, Judy McNeil

NTS Research Corporation
2634 Chapel Hill Blvd.
Durham, North Carolina

Note: This package has not been submitted to OMB as of 12/1/80.

nts RESEARCH CORPORATION

2634 Chapel Hill Blvd.
Durham, North Carolina
(919) 493-3451 27707

December 3, 1979

Dennis Deloria, Project Officer
Administration for Children, Youth and Families
P.O. Box 1182
Washington, D.C. 20013

Dear Dennis:

Enclosed is a copy of the supporting statement forms that require OMB clearance for the Head Start Educational Services/Basic Educational Skills evaluation. The package is organized as follows:

- Form 83
- Certification
- Authorization
- Freedom of Information Act
- Support Statements
- Appendix A: Item Justifications
- Appendix B: Instruments

Sincerely,

Judy McNeil

Judy McNeil
Project Director

JMcN:lkb

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STANDARD FORM NO. 83
OFFICE OF MANAGEMENT AND BUDGET

CLEARANCE REQUEST AND NOTICE OF ACTION

(Under Federal Reports Act and Bureau of the Budget Circular No. A-40, as amended)

FOR O.M.B. USE

IMPORTANT – Submit the required number of copies of SF-83, together with the material for which approval is requested to:

READ INSTRUCTIONS BEFORE COMPLETING FORM

CLEARANCE OFFICER
OFFICE OF MANAGEMENT AND BUDGET
WASHINGTON, D.C. 20503

PART A – REQUEST BY FEDERAL AGENCY FOR CLEARANCE

*Items marked with asterisk may be omitted for preliminary plans or recordkeeping requirements

1. SEND "NOTICE OF ACTION" TO: Name and mailing address

Mr. Edward E. Saunders
Reports Clearance Officer
Administration for Children, Youth, and Families
U.S. Department of Health, Education, and Welfare
200 Independence Avenue, SW
Washington, DC 20201

2. Bureau and division or office originating request

DHEW/OHD/ACYF
Research and Evaluation Div.

3. Name(s), title(s), and telephone numbers of person(s) who can best answer questions regarding request.

Dr. Dennis Deloria, Chief
Evaluation Branch, ACYF
(202) 755-7750

FORM OR DOCUMENT IDENTIFICATION

4. Title of form or document submitted

Head Start Educational Services and Basic Educational Skills Evaluation Forms

***5.** Agency Form Number(s)

6. Type of form or document

1 ☐ Application
2 ☒ Program evaluation
3 ☐ Other management report
4 ☐ Statistical survey or report
5 ☐ Preliminary plan or contract
6 ☐ Recordkeeping requirement
7 ☐ Other – Specify →

7. Current (or former) O.M.B. clearance – Number

Expiration date

8. Requested expiration date

June, 1982

9. Type of request

1 ☒ New
2 ☐ Revision
3 ☐ Extension (No change)
4 ☐ Reinstatement

***10.** Frequency of use

1 ☐ Single time
2 ☐ On occasion
3 ☐ Weekly
4 ☐ Monthly
5 ☐ Quarterly
6 ☐ Semi-annually
7 ☐ Annually
8 ☒ Other (See instructions) attached

11. Related forms or documents (Give O.M.B. number. Enclose in parentheses any to be replaced.)

N.A.

12. Catalog of Federal Domestic Assistance program number (if applicable)

COLLECTION AND RESPONDENTS

***13a.** Collection method (Check as many as apply)

1 ☐ Mail
2 ☒ Personal interview
3 ☐ Other – Describe →

***13b.** Collected by –

4 ☐ Agency
5 ☒ Contractor
6 ☐ Other – Describe →

14a. Type of respondents involved (Check predominant one)

1 ☒ Individuals or households
2 ☐ Business firms (non-farm)
3 ☐ Farms
4 ☐ Government agencies
5 ☐ Other – Describe →

14b. Brief description of respondents (i.e., "households in 50 largest SMSA's; "retail grocery stores")

See attached

***15.** Summary of estimated respondent burden

	Number
a. Estimated number of respondents	
b. If sample, approximate number in universe	
c. Reports filed annually by each respondent (item 10)	
d. Total annual responses (a X c)	
e. Estimated average number of man-hours required per response	
f. Estimated TOTAL MAN-HOURS of respondent burden (d X e)	See Attached

AUTHORITY AND CONFIDENTIALITY

***16a.** Is report form –

1 ☒ Voluntary?
2 ☐ Required to obtain benefit?
3 ☐ Mandatory? Cite statute →

***16b.** Does your agency pledge confidentiality?

1 ☒ Yes
2 ☐ No

CONSULTATIONS OUTSIDE AGENCY

17. In developing the report form or other documents, were consultations held with individuals or organizations outside your agency?

1 ☒ Yes – If "yes," identify persons and describe outcome in SUPPORTING STATEMENT. (See instructions)
2 ☐ No

CERTIFICATION BY AUTHORIZED OFFICIALS SUBMITTING REQUEST – We certify that the form or other document submitted for approval is necessary for the proper performance of this agency's functions, that the information requested is not available from any other source, to the best of our knowledge, and that the request is consistent with applicable O.M.B. and agency policy directives. Signature and title of:

Approving official for agency	Date	Agency clearance officer or other agency official	Date
		5	

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STANDARD FORM NO. 83 — OFFICE OF MANAGEMENT AND BUDGET

CLEARANCE REQUEST AND NOTICE OF ACTION

(Under Federal Reports Act and B.O.B. Circular No. A-40, as amended)

PART B – NOTICE OF OFFICE OF MANAGEMENT AND BUDGET ACTION

In accordance with provisions of the Federal Reports Act and Bureau of the Budget Circular A-40, as amended, the action indicated below has been taken with respect to your request for clearance of the report form or other document indicated in Part A on the reverse side.

1. ☐ APPROVED. The information appearing in the box below must appear in the upper right-hand corner of the report form:

O.M.B. No. _____

Approval Expires _____

2. ☐ APPROVED, through _____.
The information appearing in the box below must appear in the upper right-hand corner of the report form:

Form Approved

O.M.B. No. _____

3. ☐ APPROVED, under O.M.B. No. _____.
The statement in the box below must appear prominently somewhere in the regulation, manual or other document:

The reporting and/or recordkeeping requirements contained herein have been approved by the Office of Management and Budget in accordance with the Federal Reports Act of 1942.

4. ☐ O.M.B. No. _____ FC
Approval expires _____
This number is evidence of preliminary approval only. Specific data collection plans and report forms are subject to further review under Budget Circular A-40 before final approval action can be considered.

▶ NOTE: *Please refer to Office of Management and Budget Approval Number in all future correspondence regarding this clearance.*

5. ☐ REVIEW SUSPENDED _____

_____

6. ☐ DISAPPROVED, or other FINAL action, for the following reason(s): _____

_____

7. Remarks:

8. ACTION APPROVED BY	Name (Signature)	Title	Date

IMPORTANT – If your request for clearance has been APPROVED (i.e. boxes 1, 2, or 3 are checked), the following should be sent to O.M.B. on a post-clearance basis, as soon as available:

Two copies of the final PRINTED (or otherwise reproduced) report form, or reporting or recordkeeping requirement, transmittal letter, instructions, and any other document being sent to each respondent.

FOR O.M.B. USE	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
	11.	12.	13.	14.	15.	16.	17.	18.	19.	20.

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CERTIFICATION BY AUTHORIZED OFFICIAL SUBMITTING REQUEST

We certify that the form or other document submitted for approval is necessary for the proper performance of the Agency function, that the proposed data collection represents the minimum burden on respondents consistent with the need for information, that the information collected is not available from any other source, to the best of knowledge, that the collection instruments contain no hidden identifiers, that the request complies with the requirements of the Freedom of Information Act and the Privacy Act of 1974, and is consistent with applicable OMB and agency policy directives.

Approving Official for Agency:_____

Date:_____

Agency Clearance Officer or
other Agency Official:_____

Date:_____

AUTHORIZATION

This evaluation is required by Public Law 93 - 644, Section 525 (a). The specific authorizing paragraph is cited below.

"EVALUATION"

"SEC.524.(a) The Secretary shall provide, directly or through grants or contracts, for the continuing evaluation of programs under this part, including evaluations that measure and evaluate the impact of programs authorized by this part, in order to determine their effectiveness in achieving stated goals, their impact on related programs, and their structure and mechanisms for delivery of services, including where appropriate, comparisons with appropriate control groups composed of persons who have not participated in such programs. Evalutions shall be conducted by persons not directly involved in the administration of the program or project evaluation."

FREEDOM OF INFORMATION ACT AND PRIVACY STATEMENT

The information from this survey will be made available through reports in aggregate form without identifying individuals which fulfills the Government's obligations under the Freedom of Information Act of 1975 (5 U.F.C. 552). The list linking names and code numbers will be kept with Head Start Grantees who are not subject to the Privacy Act. At no time during these surveys is a "system of records" created as that term is defined in the Privacy Act (5 U.F.C. 552 A(a)). Therefore the Privacy Act has no effect on these surveys.

ATTACHMENT 1 TO STANDARD FORM 83

INSTRUMENT	10. Frequency of Use	13A. Collection Method	14B. Brief Description of Respondents
Program Description I	Single administration in first year of evaluation	Personal Interview	Head Start Program Directors
Program Description II	Single administration in second and third year of evaluation. (Selected items from Program Description I)	Personal Interview	Head Start Program Directors
Center Description I	Single administration in first year of evaluation	Personal Interview	Head Start Center Directors
Center Description II	Single administration in second and third year of evaluation. (Selected items from Center Description I)	Personal Interview	Head Start Center Directors
Teacher Interview I	Single administration in first year of evaluation	Personal Interview	Head Start Teachers
Teacher Interview II	Single administration in second and third year of evaluation. (Selected items from Teacher Interview I)	Personal Interview	Head Start Teachers
Parent Interview I	Single administration in each of three years (Post-test for Cohort I; pretest for Cohorts II & III)	Personal Interview	Parents of Head Start children and parents of children elibigle but not enrolled in Head Start
Parent Interview II	Single administration in each of three years (Posttest using selected items from Parent Interview I, for Cohorts II and III)	Personal Interview	Same as above

ATTACHMENT 3 TO STANDARD FORM 83
15. Summary of Estimated Respondent Burden

PROJECTED COMPLETION OF FIRST COHORT STUDY , January 1, 1980 - June, 1980

INSTRUMENT	RESPONDENT	A	B	C	D	E	F
Program Description Interview I	Head Start Program Director	63	1800	1	63	.5	31.5
Center Description Interview I	Head Start Center Directors	90	9700	1	90	.5	45
Teacher Interview I	Head Start Teachers	252**	20,000	1	252	1.0	252
Parent Interview I	Head Start and Head Start Control Parents	3795***	*	1	3795	.75	2846.25

Total number of discrete respondents: 4200 persons

Total response burden: 3173.75 hours

Average/respondent: .76 hours

*The enrollment of Head Start will be approximately 440,000 in the Fall of 1979. The number of Head Start eligible children is estimated to be at least 2.5 million.

A = number of respondents
B = number in universe
C = number reports/year
D = A x C
E = time, in hours
F = D x E

**Approximately 4 per each of 63 programs.

***60 from each of 30 Head Start programs; 60 from each of 30 control groups; 15 from each of 13 BES programs.

ATTACHMENT 3 TO STANDARD FORM 83
15. Summary of Estimated Respondent Burden

SECOND COHORT STUDY, September, 1980 - June, 1981

INSTRUMENT	RESPONDENT	A	B	C	D	E	F
Parent Interview I	Head Start and Head Start Control Parents	5700**	*	1	5700	.75	4275
Parent Interview II	Head Start and Head Start Control Parents	5700	*	1	5700	.5	2850
Program Description Interview II	Head Start Program Directors	63	1,800	1	63	.5	31.5
Center Description Interview II	Head Start Center Directors	90	9,700	1	90	.5	45
Teacher Interview II	Head Start Teachers	252	20,000	1	252	.5	126

Total number of discrete respondents: 6105 persons***

Total response burden: 7327.5 hours

Average/respondent: 1.20 hours

*The enrollment of Head Start will be approximately 440,000 in the Fall of 1980. The number of Head Start eligible children is estimated to be at least 2.5 million.

A = number of respondents
B = number in universe
C = number reports/year
D = A x C
E = time, in hours
F = D x E

**60 from each of 30 Head Start progrms; 60 from each of 30 control groups; 60 from each of 35 BES programs.

***5700 parents; 63 program directors; 90 center directors; 252 teachers

ATTACHMENT 4 TO STANDARD FORM 83
15. Summary of Estimated Respondent Burden

THIRD COHORT STUDY, September, 1981 - June, 1982

INSTRUMENT	RESPONDENT	A	B	C	D	E	F
Parent Interview I	Head Start and Head Start Control Parents	5700**	*	1	5700	.75	4275
Parent Interview II	Head Start and Head Start Control Parents	5700	*	1	5700	.5	2850
Program Description Interview II	Head Start Program Directors	63	1,800	1	63	.5	31.5
Center Description Interview II	Head Start Center Directors	90	9,700	1	90	.5	45
Teacher Interview II	Head Start Teachers	252	20,000	1	252	.5	126

Total number of discrete respondents: 6105 persons***

Total response burden: 7327.5 hours

Average/respondent: 1.20 hours

*The enrollment of Head Start will be approximately 440,000 in the Fall of 1980. The number of Head Start eligible children is estimated to be at least 2.5 million.

A = number of respondents
B = number in universe
C = number reports/year
D = A x C
E = time, in hours
F = D x E

**60 from each of 30 Head Start progrms; 60 from each of 30 control groups; 60 from each of 35 BES programs.

***5700 parents; 63 program directors; 90 center directors; 252 teachers

SUPPORTING STATEMENT

Executive Summary

This document is submitted to the Office of Management and Budget to obtain clearance for instruments to be used in a study funded by the Administration for Children, Youth and Families (ACYF) of the Department of Health, Education and Welfare. The purpose of this study is to assess the impact of the educational services component of Head Start and of the Basic Educational Skills Demonstration Project initiative on the children and parents being served.

The four primary evaluation questions are:

1. What different types of approaches do Head Start programs use to deliver the educational services?

2. What are the outcomes for children and for parents of the three pre-school experiences---Head Start, Control and Basic Educational Skills?

3. What are the differences, both in program delivered and in impact, among programs with special emphases (Basic Educational Skills), programs generally representative of all Head Start programs, and control experiences?

4. What is the relationship between particular program components, program processes, and outcomes?

The present study involves two related evaluations. One focuses on the impact of the educational services component of the approximately 1,800 Head Start programs nationwide. This aspect of the study requires a national probability sample of Head Start programs which must adequately represent the range of experience of the total population of Head Start children. It will also require a comparison group of children who are eligible for Head Start, but who do not participate in the program. During Phase I (October 1, 1978 - September 30, 1979), a stratified random sample of thirty (30) Head Start programs was selected from the population of Head Start programs. In Phase II

(October 1 - December 31, 1979), children who are eligible to attend these programs were randomly assigned to either the Head Start experience or the Head Start control group.

The second evaluation in this study focuses on the Basic Educational Skills Demonstration Project. This program was a result of a Secretarial initiative. At a December 21, 1977, meeting on the FY-78 Head Start funding allocation, the Secretary requested that Head Start "devote the maximum amount of discretionary money that could be used intelligently in light of other priorities to demonstrations on 'basic educational skills'."* In response to this Secretarial initiative, the Deputy Assistant Secretary for Planning and Evaluation recommended the following:*

- P [Planning] and ACYF recommended a demonstration strategy that would test the "effectiveness of a variety of promising approaches to continuity, including sustaining parent involvement into the school years, teacher training to insure continuous support of teacher child interactions, and fashioning continuous curricula in joint educational planning with parents, Head Start and schools."

- P [Planning] and ACYF agreed on the "desirability of using competively selected, locally designed programs." Broad project guidelines specifying exemplary educational practices and clearly defined skill objectives were to be used to select competetively among the most promising Head Start programs.

Prior to Phase I of the evaluation contract, seventeen (17) Basic Educational Skills (BES) demonstration programs were selected by ACYF for participation in the program during 1978-79 and thirteen (13) of these programs have been refunded for 1979-80. ACYF has selected sixteen (16) additional Head Start programs and will select four (4) more for participation in BES in 1979-80 for a total of 33 BES programs.

Combined Evaluation Effort. Because of this substantial overlap in goals and in evaluation questions between the two efforts (Head Start Educational Services and Basic Educational Skills), ACYF determined that it would be advantageous to combine the evaluations under one conceptual design,

*From an action memorandum from the Deputy Assistant Secretary for Planning and Evaluation, to the Secretary HEW, January 19, 1978 (attached to this statement).

allowing for differences in some aspects of the application of the design. One of the advantages of this approach is that it not only allows the comparison of Basic Educational Skills programs with regular Head Start programs, but it also provides an unserved control group of Head Start-eligible children and families with whom to compare Basic Educational Skills children and families.

Data Collection. Instruments that have been developed include a Program Description Interview, a Center Description Interview, a Techer Interview and a Parent Interview. In the fall of 1979, children and families will enter the evaluation in either the Basic Educational Skills programs, the regular Head Start programs, or the Head Start control group. Children will be tested upon entry or soon thereafter for baseline purposes. The Program Description Interview, Center Description Interview, and Teacher Interview will be administered mid-year (February - March, 1980) for the documentation of program processes. Parents will be interviewed in the Spring (April and May) as a post-test. (This design will be used only in the Head Start programs, where random assignment of children to groups makes a post-test only design feasible.) The Parent Interview will be administered to a small number of parents (10 - 15) in each BES program in the Spring of 1980 as a pilot test, in order to determine similarities between BES ad non-BES parents, and to explore the relationship between process measures and parent scores.

Attachment 2 shows shows the estimated response burden for the completion of data collection on the first cohort, through June 1980. Since ACYF currently expects to expand the design of this evaluation to collect program level and family level data on additional cohorts in the fall of 1980 and

1981, clearance is being requested for the use of these instruments through June of 1982. Attachments 3 and 4 show the estimated response burden for the last two cohorts.

I. JUSTIFICATION

A. Explanation of the Circumstances Necessitating Forms

In 1964, Title II of the Economic Opportunity Act was passed into law. From this law, a major program --Head Start---was implemented in 1965 to improve the life chances of poor children through program intervention. One of the major objectives of Head Start was to improve the potential for educational success in the public school for the children served. Head Start performance standards set forth the basic requirements to be met by all Head Start programs. These standards spelled out the services required in the areas of education, parent involvement, social services, and health services.

According to the Head Start performance standards, the educational services objectives are to:

- Provide children with a learning environment and the varied experiences which will help them develop socially, intellectually, physically, and emotionally in a manner appropriate to their age and stage of development toward the overall goal of social competence.
- Integrate the educational aspects of the various Head Start components in the daily program of activities.
- Involve parents in educational activities of the program to enhance their role as the principal influence on the child's education and development.
- Assist parents to increase knowledge, understanding, skills, and experience in child growth and development.
- Identify and reinforce experiences which occur in the home that parents can utilize as educational activites for their children.

The Administration for Children, Youth and Families (ACYF) is under Congressional mandate [Public Law 93-644, Sec. 524(a)] to evaluate Head Start. The data to be collected under the clearance requested in this document pertain

to (1) the Congressionally mandated evaluation of the Educational Services component of Head Start; and (2) the evaluation of the Basic Educational Skills Demonstration program, mandated by the Secretary of Health, Education and Welfare.

B. How, by Whom, and for What Purpose Will Data Be Used

The purpose of this study is to collect information in order to evaluate the impact of Head Start Educational Services and of the Basic Educational Skills Demonstration programs--how effectively the programs meet the needs of the enrolled children, the programs' impact on the families in each of the selected communities, and the overall impact on participating children and their families compared to those who do not participate in the Head Start program. The data will be used to address four primary questions:

1. What different types of approaches do Head Start programs use to deliver the educational services?

2. What are the outcomes for children and for parents of the three pre-school experiences---Head Start, Control and Basic Educational Skills?

3. What are the differences, both in program delivered and in impact, among programs with special emphases (Basic Educational Skills), programs generally representative of all Head Start programs, and control experiences?

4. What is the relationship between particular program components, pro-gram processes, and outcomes?

Data will be obtained through three primary methods: (1) personal interviews with parents and Head Start staff, (2) classoom observation, and (3) individual child tests.

Eight instruments* requiring OMB clearance will be used in the study. The same instruments will be used for the Head Start and the BES portions of the

*Appendix A details study variables, presents the justifications for the variables, and shows the relationship of each item to the study variables. The instruments are included in Appendix B.

evaluation. They are:

- Program Description Interview I and II
- Center Description Interview I and II
- Teacher Interview I and II
- Parent Interview I and II

The Program Description Interviews will seek general information at the grantee or delegate level. Included will be information on overall program structure, staffing patterns and characteristics, and types of programs offered at each of the Head Start Centers. The Center Description Interviews will collect more extensive information for those centers in the study sample. Included will be information on the area served by the center, the types of classrooms operating, admissions policy, center level staffing patterns and characteristics, community resources, training and curriculum, and parent involvement activities.

The Teacher Interviews will seek information about educational background, prior work experience, classroom operations, Head Start training opportunities, educational philosophy, and attitudes toward parents and children.

The Parent Interviews will seek information about family background, utilization of Head Start services, parental involvement with Head Start and the community, and parental attitudes, knowledge and behavior toward child, self, and Head Start.

For each of the instruments, selected items likely to change over time have been chosen to constitute a second version.

NTS Research Corporation, the ACYF contractor, is currently responsible for instrument development, data collection, and analysis of this study. The findings will subsequently be reported to ACYF.

C. Why Similar Data Cannot Be Used

Adequate data does not exist on the immediate and long-term impact of the Head Start and BES educational services components and on the relationship of measures of classroom processes to child and family outcomes. The most recently collected similar data was collected as part of the Westinghouse-Ohio University evaluation more than ten years ago. ACYF has determined that that data can no longer be used to describe the current effects of Head Start. In addition, no previous nationwide evaluation of Head Start educational services has utilized random assignment of children to treatment and control groups. This study will collect data on children randomly assigned to Head Start and Head Start control groups within thirty (30) randomly sampled Head Start programs and on children served in thirty (30) BES programs.

D. Why Needed Information Cannot Be Obtained Within 30 Minutes

Because the Head Start program is designed to provide individualized educational services, as needed, to children who have very different needs and abilities and who are from families with very different circumstances, a broad range of data is needed to provide a sufficient basis to address the evaluation and policy questions for this study. The burden has been minimized as much as possible within the boundaries of the Congressional mandate to evaluate these programs. With the exception of the parents who will be interviewed twice each year, the average respondent burden is not greatly in excess of 30 minutes (.76 hours, or 46 minutes for the first year and .5 hours or 30 minutes for each of the final two years).

II. DESCRIPTION OF SURVEY PLAN

(1) Quantified Description of Potential Respondent Universe

In the fall of 1980 there will be more than 1800 Head Start grantees and delegate agencies serving approximately 440,000 Head Start children. This is the potential universe of Head Start children and parents. The numbers of Head Start eligible children not enrolled in the program is estimated to be 2.5 million children, i.e., currently Head Start is serving 15 to 18 percent of the eligible population. Thus, the potential universe of the non-Head Start comparison children and their families would be approximately 2 million children/families.

The potential universe for Head Start staff in 1977 was 66,213 paid staff and 94,500 volunteers. The estimated current number of classroom teachers is 20,000; the estimated number of Head Start staff who could respond to the Program and Center Description Interviews is 1800 program directors and 9700 center directors.

(2) Description of Survey Design and Respondent Selection Method, Plans for Pretest, and Techniques for Handling Non-Response

A. Survey Design for Educational Services Component. In order to more confidently determine whether families in Head Start receive improved educational services when compared to control families and whether or not those services provide benefits to Head Start families and children, a "true" experimental evaluation design including the random assignment of families to treatment and control groups was selected. Thirty (30) grantees are participating in the Head Start Educational Services portion of the evaluation. The sample of 30 Head Start grantees was randomly selected using two stratifiers:

- Population of the city or town in which the delegate agency or grantee (site) was located (3 levels);
- Region of the country in which the delegate agency or grantee was located (4 levels).

The first stratification of the grantee is based upon a measure of the degree of urbanization of the community. Size of community was determined on the basis of the size of the city in which the grantee was located. Urban areas are defined as cities with populations over 50,000. Small town areas are defined as communities with population under 50,000 but over 10,000. The remaining sites are classified as rural.

The second stratification is based on geographic region. Four regions that were developed in the Head Start Transition Study (Abt Associates, 1977) by using the distribution of children among 10 DHEW regions proved to be sufficient. The four strata are: DHEW Regions I, II, III and V (which can be roughly designated as Northeast); Region IV (which is the South); Region VI (which is the "Southwest" from Louisiana to New Mexico); and Regions VII, VIII, IX and X (which can be designated as the West).

Geographic region crossed with the three divisions created by the degree of urbanization produce twelve strata in all. The total number of Head Start children served in each of the twelve strata as estimated from the ACYF delegate agency file (1976 data) is shown below:

	Northeast	South	Southwest	West	Total
Urban	62,847	36,052	17,697	32,059	148,655
Small Town	17,220	22,691	9,986	7,555	57,445
Rural	13,777	26,663	11,162	11,856	63,458
TOTAL	93,844	85,406	38,845	51,463	269,558

The number of programs selected from each stratum to be included in the evaluation was based on the proportion of children served in that stratum. The stratifiers guarantee that all regional clusters of the country are represented in the final sample of Head Start children and that urban, small towns, and rural populations are included.

Grantees were randomly selected within each stratum, with the selection based on a probability weighting for each grantee proportional to the number of children served, i.e., a probability proportionate to size (PPS) sampling strategy. If a grantee delegated one or more programs, a second stage sample was drawn. Again, a PPS sampling strategy was used to select one program (either run by the grantee or by a delegate agency) from the grantee to include in the study.

B. Survey Design for Basic Educational Skills. In accordance with the Secretarial mandate in establishing this demonstration program, the 33 Basic Educational Skills programs consist of competitively selected, locally designed programs. As such, they do not constitute a probability sample of Head Start programs.

C. Respondent Selection in Educational Services Sample. For each grantee/delegate agency, the study requires two equivalent samples of Head Start eligible children who will have been randomly assigned to Head Start and to Head Start control groups. To obtain the respondent samples from the grantee or delegate agency, a final sampling stage was needed. For those programs with only one center, a random sample of one hundred twenty (120) children were drawn from the eligible applicant list. These children were then randomly assigned either to the Head Start group or to the Head Start control group. The children, then, constitute a randomly selected sample from the entire catchment area of the program.

Most programs, however, have from two (2) to over fifty (50) Head Start centers. In these cases a sample of at least two Head Start centers will be drawn from the program. Again the center sample will be drawn with a probability proportionate to size, in this case center size. From the selected centers, a sample of one hundred twenty (120) children will be drawn. These children will then be randomly assigned either to the Head Start group or the Head Start control group. Thus, in programs with multiple centers, the children included in the evaluation will be selected only from the catchment of the sampled cemters rather than from the total catchment of all centers operated by the grantee or delegate agency.

These two methods were used for the first time in August and September, 1979. It is expected to be used in the fall of 1980 and the fall of 1981 for two additional cohorts.

At the current time, there are large numbers of children living in poverty who are not enrolled in Head Start. ACYF documents (January 19, 1978, expansion fund allotments) indicate that this is true for most areas where Head Start is available as well as the areas not currently served by Head Start. Most delegate agencies, however, do not maintain lengthy waiting lists or conduct active recruiting campaigns since sufficient numbers of eligible children are usually easily obtainable. The ACYF Contractor, NTS, is assisting local programs in developing waiting lists sufficient to allow the random assignment of children into Head Start and Head Start control groups. Just prior to the time when the local agency accepts children into the program, a locally-based study coordinator will forward the program's eligible applicant list to NTS for review and child assignment. Head Start applicant information contains names, birthdates, sex, an indication of handicapped status, if any, for each child, and an indication of any compelling reasons for direct enrollment of particular children (urgent social service referral, for example).

To the degree possible, the random assignment will proceed as follows for each Head Start program:

- o All children labeled as handicapped are deleted from the list. Most programs desire to serve all handicapped children interested in Head Start participation and we would be unlikely to find appropriate control children or sufficient numbers of unserved handicapped children to form an adequate control sample. These children may be in the program but will not be in the study sample.
- o Other children who are urgently in need of service (determined individually by local programs and the local NTS study coordinator) are deleted from the list and allowed to enter the program (but will not be in the study sample).
- o The list contains at least 60 children in excess of the number the program can serve.
- o From the list, children are randomly assigned to the Head Start group (n=60) and to the Head Start control group (n=60).

D. Respondent Selection in BES Programs. Since 1979-80 is the first program year for many BES programs, it was not anticipated that the programs will be fully operational during this first year. Therefore, a smaller sample of children/families were selected for assessment during the 1979-80 period. A total of 195 BES children/families (or approximately a 25% sample of the 60 children in each of the 13 continuing programs) were be randomly selected from the children enrolled in each program as of September 15, 1979. These 195 families will constitute the BES sample for 1979-80. BES programs will assign children to the program using their normal decision procedures. For the 1980-81 and 1981-82 program years, a sample of 2100 (or 60 per each of 35 BES programs*) will be randomly selected from the children/families enrolled in each program.

ESTIMATED SIZE OF SAMPLE

1979-80 Cohort

Randomly selected Head Start Grantees		
Head Start Children:	60 per grantee x 30 grantees =	1800 children
Head Start Control Children	60 per grantee x 30 grantees =	1800 children
BES Head Start Grantees		
Head Start Children:	15 per grantee x 13 grantees =	195 children
	TOTAL =	3795

*By fall, 1980, ACYF expects to have funded 35 BES programs.

ESTIMATED SIZE OF SAMPLE

1980-81 Cohort
Randomly Selected Head Start Grantees

Head Start Children:	60 per grantee x 30 grantees =	1800 children
Head Start Control Children	60 per grantee x 30 grantees =	1800 children
BES Head Start Grantees		
Head Start Children:	60 per grantee x 35 grantees =	2100 children
	TOTAL =	5700 children

1981-82 Cohort
Randomly Selected Head Start Grantees

Head Start Children:	60 per grantee x 30 grantees =	1800 children
Head Start Control Children	60 per grantee x 30 grantees =	1800 children
BES Head Start Grantees		
Head Start Children:	60 per grantee x 35 grantees =	2100 children
	TOTAL =	5700 children

Field Test - A field test of earlier versions of the Parent Interview was conducted in Detroit, Michigan, in December 1978 on fewer than nine persons. The Program and Center Description and Teacher Interviews were field tested in Durham, North Carolina, in January 1979 on fewer than nine persons. The attached instruments are very similar in type of information requested and in the number of questions asked in the field test interviews. Some items were deleted from the earlier versions of the interviews based on the field test; other items were modified to clarify focus and intent. ACYF staff have reviewed and modified all of the instruments. In addition, all instruments have been reviewed and modified by Head Start directors who consulted with NTS for that purpose.

Techniques for Handling Non-response - To reduce the likelihood of non-response and/or refusal to participate, the NTS local study coordinator will be responsible for personally contacting and scheduling participating families. Transportation and child care during interviewing and testing will be arranged as needed. The Study Coordinator hs been instructed to make at least three attempts to contacts in person, by phone, and through letters. Once a child has been scheduled for testing (or a parent interviewing), transportation and/orchild care arrangements are worked out. If the child (or parent) does not keep the appointment, three additional attempts are made to reschedule. Once the above procedures have been followed, the Study Coordinator must consult NTS to determine future action, such as not proceeding with the family.

A study of non-respondents will be conducted at each data collection time point following the pretest to examine sample attrition effects. Background and pretest data of families will be compared to determine whether sample attrition seriously biases the group comparisons. The level of non-response is not expected to exceed 25 percent.

Name of Agency or Consulting Statistician

Judy McNeil
NTS Research Corporation

Benjamin Tepping
Westat Corporation

Steven Fosburg
Abt Associates Inc.

H.O. Hartley
Texas A & M University

Contractor

NTS Research Corporation
2634 Chapel Hill Blvd.
Durham, North Carolina 27707

Role and Responsibility in Relation to Entire Project - Working closely with ACYF, NTS has had the responsibility for refining the research design, developing the study instruments, and conducting the pretests. NTS's continuing responsibilities include Fall, 1979 data collection, analysis, and reporting. A new contractor will be selected for work beginning in January, 1980. NTS will be eligible to bid on the new procurement.

Confidentiality and Disposition of Instruments - Names, addresses, or other identifying information about the participants will not be disclosed. Data provided to ACYF will reflect the responses of all respondents but will not reveal the identities or the individual responses of the individuals queried. The contractor will maintain in their offices all data collected, except information which can be used to identify individual participants. Lists linking respondent names to unique identification codes will be maintained only in the offices of the Head Start grantee agencies participating in the evaluation. The numerical codes will not correspond to alphabetic information about the respondents. Since NTS is not retaining the identifying information, no system of records is being created. Only persons designated by the project director shall have access to these lists and at the end of the study all lists will be destroyed.

III. TABULATION AND PUBLICATION PLANS

(1) Publication Plans

The reports currently planned are the Child Test Selection Report (submitted August, 1979), the Report on the Randomly Selected Head Start Programs (submitted June, 1979), the Final Evaluation Design Report (September 1979), the Report on the Child/Family Samples (December 1979), and the Pretest Report (December 1979). Future publication plans will be part of a subsequent contract.

(2) Summary and Tabulation Plans

Psychometric analyses will be performed on the data collected during the pretest period (October - November 1979) and the (projected) continuation of the project. There are three basic questions which need to be asked for each interview measure. First, do the item responses contain sufficient variation to warrant being retained in the study? Second, are the items within a scale consistently measuring the same phenomenon? Third, are the items measuring what they were designed to measure? Item response distributions, means and standard deviations, item-total correlations, factor analyses, and correlational consistency checks will be employed to examine these issues. Further tabulation will occur in the next contract, following ACYF's design.

IV. TIME SCHEDULE FOR DATA COLLECTION AND PUBLICATION

(1) Planned Time Schedule for Entire Project

Phase I, the design phase (development of instruments, selection of grantees, establishing communication with grantees, finalizing research design) began October 1, 1978 and will end September 30, 1979. Phase II, the baseline data collection with 3795 children, will begin on October 1, 1979 and conclude on December 31, 1979.

A projected Phase III will include the collection of program, center, and teacher interview data, observation of classrooms, an interview with parents, and a posttest of children.

ACYF anticipates possible succeeding phases which will add two more cohorts of children and which may provide follow-up data collection for children and parents. The data collection plans each year will follow the schedule outlined for Phase II and Phase III above, except that for Cohorts II and III parents will be interviewed both fall and spring.

(2) Expected Elapsed Time Between Completion of Data Collection and Issuance of First Published Results

In Phase II, the time between the completion of data collection and the submission of the draft descriptive data summaries is expected to be 4 to 6 weeks.

V. CONSULTATIONS

(1) Names of Persons Outside Agency With Whom Materials Are Discussed

During the development of the design of the sampling plan, the field test, the main evaluation, and the instrument package, the following individuals were involved in the decision-making:

(1) Outside Agency

Robert Boruch, Northwestern University
Ross Conner, University of California at Irvine
Earl Schaefer, University of North Carolina
William Cooley, University of Pittsburgh
Robert Calfee, Stanford University
Irving Siegel, Educational Testing Service
Benjamin Tepping, Westat Corporation
H.O. Hartley, Texas A & M University

(2) Inside Agency

Dennis Deloria
Daniel Ferritor
Ray Collins
Jenni Klein
Sylvia Pechman
Bev Smalzreid

(3) Extent Availability of Records and Reportability Data Learned From Respond Group

Information regarding additional data which are available in the form of the Program Information Reports has been reviewed by ACYF staff, NTS staff, and NTS consultants, including three Head Start Directors. Many of the items on the Program Description Interview (I & II) are completed by the interviewer, using the program's most recently submitted PIR. Those items are noted on the instrument.

(4) Consultation with State and Local Governments

Not applicable.

VI. ESTIMATION OF REPORTING BURDEN

(1) The Estimates of Respondent Burden Reported in Item 15e Are Based on Field Test Information

(2) Allowance for Time to Compile Data

We expect that no instrument in this package will require the compilation of data.

(3) Variability of Respondent Burden

The reporting burden is not expected to vary within respondent category. Across respondent category, the burden varies because of the differing number of respondents within each respondent type and the nature of the instruments used with each respondent type.

VII. SENSITIVE QUESTIONS

Not applicable.

VIII. ESTIMATE OF COST TO FEDERAL GOVERNMENT

(1) Estimated Total Cost

The cost of the study from October, 1978, through December, 1979, is expected to approximate $1,100,000 with Phase I costing $648,000, and Phase II costing $452,000. Project costs for the second and third cohort are projected at approximately $1,200,000 per year.

(2) Repetitive Forms

Not applicable.

(3) Application

Not applicable.

(4) Administrative Use

Not applicable.

: The Secretary
Through: U _____
ES _____
ASPE _____

DATE: 1/19/78 Hutchins

FILE

OM : Deputy Assistant Secretary
for Planning and Evaluation

JECT: Head Start Demonstrations on "Basic Educational Skills"
— ACTION MEMORANDUM

BACKGROUND

At the December 21, 1977 meeting on FY 78 Head Start funding allocations, you requested that HDS devote the maximum amount of discretionary money that could be used intelligently in light of other priorities to demonstrations on "basic educational skills." P and HDS were requested to prepare a decision memorandum analyzing the impact of alternative funding levels on current programming of discretionary funds and the proposed demonstration initiative.

DISCUSSION

I will first summarize and present recommendations on two substantive issues that required considerable staff level discussion prior to reaching agreement between P and ACYF. I will then discuss the third issue concerning alternative levels of funding and present P and ACYF's joint recommendation.

1. What is the meaning of "basic educational skills" in this initiative?

To the layman, "basic educational skills" refers to the broad range of skills and learning attitudes commonly recognized as the basis for reading, writing and mathematics. One generally does not expect children to master the "three R's" until the elementary years, although precursor skills are developed at an earlier age.

However, to a great many in the educational and child development communities, as well as ACYF, the term "basic skills" has become a code phrase signifying a rote learning and drill curriculum approach leading to a narrow set of academic skills (such as the mechanics of spelling and computation) while ignoring the more complex cognitive abilities required for full mastery of reading, writing and mathematics. This particular meaning is incompatible with the intent of this initiative and with Head Start's traditional orientation — individualized learning experiences and development of the "whole child" in the context of a comprehensive

service program. Moreover, the term "basic educational skills" regardless of its meaning, conjures up memories to many in the Head Start community of an era when IQ tests were used inappropriately to measure intelligence gains in poor children and to evaluate the success or failure of the program. These concerns warrant sensitivity to the terminology used in this initiative.

The current state-of-the-art indicates there is no magic curriculum or single best educational approach that works equally well for all children or in all locations. However, programs having clearly defined objectives, and activities deliberately sequenced to meet them, are found to be more successful than diffuse programs in producing expected outcomes.

Bearing this guidance in mind, P and ACYF recommend that during the preschool years the proposed demonstrations will differ from ordinary Head Start programs on intensity, emphasis and specificity of those program activities determined to lead to the development and learning of age-appropriate "basic educational skills." Examples of "basic educational skills" acquired during the preschool years include: age-appropriate levels of language comprehension and communication skills; counting as well as knowledge of quantitiative concepts such as equivalence; recognition of colors, numbers, letters and words; acquisition of specific information about the world; and development of learning attitudes such as focused attention, task-orientedness and curiosity. This incomplete list of preschool age "basic educational outcomes" illustrates how they will be defined during the FY '78 planning year with the assistance of an advisory panel consisting of parents, educators, practitioners and child development professionals.

2. Should the initiative focus on the Head Start years only or continue intervention into the elementary school years?

There are two conceivable objectives for this Head Start demonstration initiative. One is to demonstrate effective ways of preparing Head Start preschool age children for school achievement by concentrating on those age-appropriate "basic educational skills" to be acquired during the preschool years. This objective falls short of developing the child's potential for skill mastery in the early school years. Another more long range objective is to demonstrate effective ways of ensuring age-appropriate levels of achievement and skill acquisition in the elementary school years (usually up to third grade). At issue, then, is whether or not these demonstrations should have some continuous intervention that spans into the school years and school system.

Past experience shows there is little reason to expect sustained achievement without sustained support of some kind. If the underlying objective of this initiative is in fact eventual school

achievement and not simply preschool readiness, then the state-of-the-art strongly supports continuing intervention into the school years. The real issue is not whether continuity makes a difference, but what kind of continuity works best.

P and ACYF recommend that the long-range objective makes the most sense for this initiative and that continuous intervention of some kind is critical for sustaining "basic educational skills" up through mastery of basic reading, writing and mathematics in the third grade.

P and ACYF recommend a demonstration strategy that tests the effectiveness of a variety of promising approaches to continuity, including sustaining parent involvement into the school years, teacher training to ensure continuous supportive teacher-child interactions, and fashioning continuous curricula and joint educational planning with parents, Head Start, and schools.

3. What is the optimal level of funding and level of effort for this demonstration initiative?

Alternative funding levels and impact on Head Start discretionary funds.

FY 78 Planning and Piloting

Level of Funding		Level of Effort	
Option 1	$1.3 M	10 pilot projects	$750 K
		Planning and Technical Assistance	$350
		Evaluation	$200
Option 2	$1.9 M	15 pilot projects	$1.1 M
		Planning and Technical Assistance	$550 K
		Evaluation	$250 K

FY 79 Implementation

Level of Funding		Level of Effort	
Option 1	$9.0 M	32 demonstration projects	$6.4 M
		Planning and Technical Assistance	$700 K
		Evaluation	$900 K
		Special Research and Development Effort	$1.0 M
Option 2	$12.0 M	32 demonstration projects	$6.4 M
		Planning and Technical Assistance	$1.0 M
		Evaluation	$1.5 M
		Special Research and Development Effort and 4 Model Projects	$3.1 M

In FY '78 support for the demonstrations will be made available from the Head Start discretionary fund. Reductions will be incurred primarily in the areas of the Indian and Migrant Program Division and Training and Technical Assistance, which account for the major expenditures from that fund. At the Option 1 level of funding ($1.3 M), $200 K will be contributed by P from its evaluation funds, and $1.1 M will be contributed by ACYF. ACYF can sustain a reduction of $1.1 M to support Option 1 while preserving the basic thrusts planned for these two areas.

In FY '79, support would also derive from the discretionary fund. The amount accruing to that fund from the $55 M Head Start budget increase requested for FY '79 would enable ACYF to accommodate the $9.0 M Option 1 level of funding. P would again contribute some reasonable portion from its evaluation funds.

P and ACYF recommend Option 1 level of funding ($1.3 M in FY '78 and $9.0 M in FY '79) which supports the maximum feasible number of projects and a modest special research and development effort to identify future program practices and parent involvement approaches that will enhance "basic educational skills." The number of demonstrations supported at this level is sufficient to vary program practices and learn from the differences observed. Option 2 level of funding does not add appreciably to either the number of projects or knowledge generated.

Proposed Demonstration Approach. P and ACYF agree on the desirability of competitively selected, locally designed programs. The local design approach funnels a high proportion of dollars to services rather than research, can be implemented and produce results quickly, and builds on current Head Start program design and state-of-the-art.

Broad project guidelines specifying exemplary educational practices and clearly defined skill objectives will be used to select competitively among the most promising Head Start programs. The above mentioned advisory panel, in conjunction with a review of the state-of-the-art, will define age-appropriate "basic educational skills" and program practices known to contribute most to skill learning and development. The proposed initiative is a multi-year effort that will span the Head Start year prior to school entry and continue through kindergarten, first, second and third grade. Careful evaluation of the program and its impact will occur at each successive grade level, beginning with accomplishments at the preschool level.

RECOMMENDATIONS

1. That you support the definition of age-appropriate "basic educational skills" described in this memorandum and recommended by ACYF and P.

2. That you support a demonstration strategy that examines a variety of ways to continue important practices and activities, particularly parent involvement, into the early school years to help sustain skills and achievement.

3. That you approve the Option 1 level of funding for this initiative -- $1.3 M in FY '78 and $9.0 M in FY '79 -- and the proposed modification of current programming of FY '78 discretionary funds consistent with this level of effort.

4. That you require P involvement in the planning, design and evaluation of this Secretarial initiative.

DECISION

Approved _____ Disapproved _____ Date _____

Peter Schuck /s/
& Henry Foster

Prepared by: SSHD/PP&E - CMcHale:bjw - 1/18/78 - 447F HHH - 51808

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Appendix A

JUSTIFICATION STATEMENTS FOR:

Parent Interview I

Teacher Interview I

Head Start Program
Description Interview I

Head Start Center
Description Interview I

1) All numbers need to be re-numbered. Some items have changed in the instruments thus changing numbers for third copy.

2) There will be a number of items which will not be re-administered each time since they do not change or since we are not interested in measuring their change. These items will be starred on the instruments indicating only one administration.

3) The time for administration for CDS, PDS, TI will be considerably decreased in 2nd administration because of #2.

Instrument Title: Parent Interview I

Purpose: To describe the characteristics of the Head Start, BES, and comparison families at entry to the Head Start/BES program and evaluation. To document the preschool experience of the study children and their parents, whether Head Start or comparison. To collect data on the following topics:

- o family characteristics, socioeconomic status, background, and home environment
- o description of Head Start preschool experience, present and past
- o utilization of health and dental services
- o parent behaviors and attitudes

JUSTIFICATION: The Head Start/BES evaluaton is designed to assess the impact of participation in Head Start and BES on outcomes for parents in the following areas:

- o type and extent of parent involvement in the educational component of Head Start
- o parental knowledge, understanding, behavior and experience in child growth and development
- o knowledge and use of community resources
- o parental attitudes toward education and themselves as caregiver

Most of the baseline and outcome assessment of child status and development will be made directly via developmental assessment and classroom observation. The Parent Interview I is the primary instrument for collection of baseline data on family characteristics and socioeconomic characteristics. This information is important because it is likely that the impact of Head Start and BES will be different for families with different basic characteristics. These differences must be carefully documented at entry, therefore, in order that evaluation findings can be usefully interpreted. Information from the Parent Interview I will also be used to assess changes in family characteristics, parent knowledge,

behaviors and attitudes throughout the Head Start evaluation by providing baseline measures of some variables. In addition, information from this instrument will be used to describe preschool or day care experiences of those children not reeiving Head Start services.

~~Most~~ Items in this instrument ~~(excluding those which do not change such as sex)~~ will be used as repeated measures, both to describe changes in the sample populations and as some co-variables in the analysis of impact. These items will constitute repeated administration of the Parent Interview. *These items which will not be repeated are stared. The exclusion of these items considerably decreases the response burden for further administrations*

Each topic is discussed briefly on the following pages along with the variables which constitute the topic and their item numbers in the interview.

Estimated Respondent Burden: 35 - 45 minutes per family.

Topic #1: Family Characteristics, Socioeconomic Status, Background, Home Environment:

A basic household enumeration and determination of family characteristics will be conducted in order to document the environment of the child and provide an accurate description of the families in the study.

Characteristics that cannot be affected by any sort of intervention will be recorded (age, sex, race, and ethnicity). This information will serve to describe the population being studies. Selected variables of family status will be used to construct a status index which reflects potential educational risks or strengths for each child at entry to Head Start. Family size, educational and occupational status and income will be recorded. In

addition the PI will record previous exposure to parenting programs and history of recruitment by Head Start. All of these variables may have impact upon child educational outcome and upon parent knowledge, behavior and attitude outcomes. Since positive changes in these variables are hypothesized as Head Start impacts, pre-existing family characteristics must be carefully controlled for. Within the Head Start eligible population, we expect to find wide variations in family descriptions.

There is extensive evidence in the literature that certain home variables are influenticl in child cognitive developemtn. (Cooley and Lohnes, 1976; Mayeske, et al, 1973; Peaker, 1971) Home circumstances were second only to pretest scores as predictors of outcomes of schooling. (Peaker, 1971) This interview will measure then the home environment of the child, including parent-child activities and the presence of educational materials in the home. These variables may be the actual outcomes of treatment.

Items	Variables
* From child test information	o BACKGROUND Child's name (first only) Child's birthdate Child's sex
	o FAMILY AND LIFE CIRCUMSTANCES
* 1, 2	Respondent's relationship to child
* 102, 103, 104, 105	Other household members, relationship to sample
~~* 18, 19, 20~~	~~Child, sex, age~~
* 106, 107	Mother's educational status
* 108	Current participating in educational programs
* 109, 110, 111	Mother's occupation

Items	Variables
* 112, 113, 114, 115	Occupation of other head of household
* 116, 117	Education of other head of household
* 118	Language of home
* 119	Income of family
* Coded by observation only	Ethnicity of respondent
	o HOME ENVIRONMENT
95 A - E, 99	Parent-child activities
96	Child activities at home
97	Time watching television
98	Use of television
100	Materials for child play in the home
101	Parent-child play

Topic #2: Description of Head Start/Preschool Experience

Head Start involves parents in the educational activities the child. In order to measure the effects of Head Start on parents it is necessary to determine how much accumulated exposure to Head Start and other preschool programs which parents have had. In these items parents enumerate the study child's exposure to Head Start or other preschool, past and present. They describe the preschool or Head Start experience for siblings also. This provides a measure of accumulated parental experience as well as child exposure. It also provides a measure of the possible experiences of comparison children who do not receive Head Start services.

Items	Variables
	o PRESENT EXPOSURE TO PRESCHOOL/ HEAD START
3	Enrollment for study child
5, 6	Days and hours per week child in program
8, 9	Adult-child ratio
4, 7	Public or private
11, 12	Recruitment history
13, 14	Expectations
15	Enrollment in an additional preschool
16, 17	Days and hours per week child is in program

Items	Variables
25, 26	Enrollment for siblings
	o PAST EXPOSURE TO HEAD START/ PRESCHOOL
27, 28	For study child
21, 22, 23	For siblings

Topic #3: Utilization of Health and Dental Service

Head Start works with families to develop both their own capacity to handle health and dental problems and their ability to utilize community resources. The emplasis of this evaluation is upon the educational component of Head Start, but the dental and health aspects of necessity must be assessed at least minimally in the process of evaluating the educational experience. Therefore, this topic is concerned with the health care children are receiving.

Items	Variables
	o MEDICAL SERVICES
29	Most recent visit to a physician
30, 31	Purpose for visit
32, 33	Head Start's influence (other preschool's influence)
34	Child's history of innoculations
	o DENTAL SERVICES
35	Most recent visit to a dentist
36, 37	Purpose for visit
38, 39	Head Start's influence (other preschool's influence)

Topic #4: Parent Behaviors and Attitudes

Active parent involvement in preschool activities has been shown to facilitate the child's intellectual and social emotional development. (Radin, 1972; Willman, 1969) There is also evidence that active parental involvement affects parental attitudes and behaviors and may have impact on parent participation in other community organizations. (MIDCO, 1972) The Parent Interview measures

the type and extent of parent involvement in Head Start or other preschool programs. This involvement includes classroom participation in the administration of the preschool.

Head Start and BES programs work with parents to enhance their ability to become actively involved in preschool and community activities. This evaluation will document the level and type of parent involvement. It will document parent participation in community resources. Parents will be evaluated for their awareness of the availability of aid.

Item	Variables
	o CONTACT WITH PRESCHOOL
40, 41	Conversation with child's teacher, frequency, content
45, 46, 47	Visits to classroom; frequency, purpose
48, 49, 50, 51	Participation in parent education; frequency, purpose
52, 53, 54	Participation in parent activities for parental benefit; frequency, purpose
55, 56, 57	Participation in parent committies; frequency; type
58, 59	Decision-making role of parent in preschool policy
60	Role of parent in recruitment
61	Role of parent in evaluation
62, 63	Role of parent as a volunteer
64, 65	Role of parent as a paid employee
	o HOME VISIT CONTACTS WITH PRESCHOOL
65A	Participation in home visits
65B	Title of home visitor
65C	Frequency of visits
65D, 65E, 65F, 65G	Purpose of home visit
	o PARTICIPATION IN COMMUNINTY ACTIVITIES
80, 81, 82	Social groups; frequency, role
83, 84, 85	Religious groups; frequency, role
86, 87, 88	Neighborhood groups; frequency, role
89, 90, 91	Political organizations; frequency, role
92, 93, 94	Unions, study groups; frequency, role

Instrument Title: Teacher Interview

Purpose: To collect information about the teachers who work directly with children and families at Head Start centers in regard to their backgrounds and to their activities with parents and children. The following topics will be covered:

- o demographic and background information
- o teacher hours and scheduling
- o teacher's contact with parents at home
- o teacher's teaching style and curriculum
- o teacher's training
- o teacher's attitudes

Justification: Information from this interview will be used to describe the nature and extent of educational services to children and parents offered by teachers. Characteristics of the teachers will be documented to provide information on the type of teaching a child receives and to help to explain variation in child outcomes and family outcomes. It is likely that the experience of Head Start children and parents may differ with different teacher characteristics, training, and attitudes. These differences in teachers and teaching styles will be documented carefully in order that evaluation findings can be usefully interpreted. Each topic is discussed briefly on the following pages along with the variables which constitute the topic and their item numbers in the interview.

Estimated Response Burden: ~~One hour~~ 30 minutes

Topic#1: Demographic and Background Information

This topic describes the teachers who are providing services to the study children in terms of their age, sex, ethnicity, language, education and experience. This information is necessary in order to evaluate the outcome data in terms of the preschool experience.

Items	Variables
	o BACKGROUND DATA
*Coded by observation only	Sex, ethnicity
*3	Age
18, 19, 20, 21, 22, 23	Position in Head Start
*17	Language spoken
	o EXPERIENCE WITH HEAD START
*1, 2	As a parent
*18, 20	Length of employment
*24, 25	History of employment
	o EDUCATIONAL AND WORK EXPERIENCE OTHER THAN HEAD START
*4, 5	Education - past
6, 7, 8, 9	CDA status
10, 11, 12, 13, 15, 15, 16	Education present/future
*26	Work experience

Topic #2: Teacher Hours and Scheduling

This topic documents the time teachers spend on Head Start activities and the partitioning of that time into various activities. This evaluation is concerned with the allocation of program time, and this topic measures the teacher's allocation of time.

Items	Variables
27	o HOURS OF WORK
	o SCHEDULING
28	Activities during a typical day
29	Activities during the last month

Topic #3: Teacher Home Contact With Parents

This topic addresses the teacher's use of home visits to parents. It describes the purpose for the visits and their frequency.

Items	Variables
	o HOME VISITS
30	Frequency
31	Purpose
32, 33	Educational materials supplied to parents

Topic #4: Teachers Teaching Style and Curriculum

This topic documents the teachers perception of his/her teaching style. The teacher indicates the emphasis of the curriculum used, including materials, scheduling, and assessment devices used.

Items	Variables
42	o TEACHING STYLE
45, 46	Whose choice
	o CURRICULUM
43	Emphasis
44	Materials
47	Time for reading to children
	o INDIVIDUALIZATION
48	Individual child
	o ASSESSMENT
49	Beginning of year
50	Measures used
51	During year
52	Measures used
53	Frequency

Topic #5: Training

Teachers will be asked in these items to describe the training they have received while in Head Start. This training will be reported in terms of amount and satisfaction with the experiences. It is likely that Head Start and BES programs will differ in the amount of training teachers receive and that such differences will affect child and family outcomes.

Items	Variables
	o PRESERVICE TRAINING
34, 35, 36	Hours and days of training
37	Satisfaction with content
37	Satisfaction with format
	o INSERVIVCE
38, 39, 40	Hours and days
41	Satisfaction with content
41	Satisfaction with format

Topic #5: Attitudes

Teachers will be asked to express their attitudes toward parents and parent involvement in Head Start. Teacher attitudes toward parent participation are expected to differ from program to program depending on training and program emphasis on parent involvement. These differences are expected to affect their behavior toward parents. In addition, since parents are also indicating their attitudes on similar items it will be possible to compare attitudes of parents and teachers within a program.

Items	Variables
	o ATTITUDE TOWARD PARENTS
54B, D, G, L, N, P	As educators
54A, F, K	As a power in Head Start
54C, E, H, I, J, M, O	As a primary educator

Instrument Title: Program Description Interview I

Purpose: To collect information about the program in which children and families receive services. The following topics will be covered:

- o background information and program characteristics
- o program admissions
- o staff characteristics
- o training
- o parent involvement
- o BES requirements

Justifications: Information collected from this interview and from the Center Description Interview will be used to document the determinants-of-implementation of the educational services within Head Start and BES. The determinants-of-implementation are those factors which affect both positively and negatively the implementation of Head Start programs at the program level (Fullan and Pomfret, 1977). Context variables are important when evaluating educational innovations. A number of researchers have noted the importance of specifying the setting within which an innovation takes place in order to determine how exportable the innovation is to other sites (Stufflebeam, et al, 1971; Cooley and Lohnes, 1976).

In addition, information from this interview and the Center Description Interview will serve to specify procedures which contributed to outcome scores. That is, this evaluation will go beyond stating that the treatment of Head Start or BES was successful or not, it will describe in detail what that treatment was. The data from interviews will be supplemented by on-site observation, also.

~~Most~~ Items in this instrument ~~(excluding those which do not change)~~ will be used as repeated measures, both to describe changes in program variables and some as covariables in the analysis of impact. There are a number of item however, which will not be re-administered. These have been starred. The exclusion of these items considerably decreases the response burden for further administrations of the PIS

Each topic is briefly discussed in the following pages along with the variables which constitute the topic and their item numbers in the interview.

Estimated Respondent Burden: 30 minutes

Topic #1: Background Information and Program Characteristics

The information in this topic will be gathered directly from existing data available on the Program Information Report. ~~The respondent will only be required to check the data for accuracy.~~ There will be no burden to the respondent at all.

This information will describe the characteristics of staff, children and the community served. It will describe the programs.

Items	Variables
	o PROGRAM DESCRIPTIONS
1	Type of agency
2	Area served
3	Type of program offered
4	Staff ethnicity
5	CDA status of staff
7, 8	Size of program
9	Enrollment
10	Ethnicity of children
11	Age composition of children
14	Distance of program from centers
15	Size of each center
7	Days of operation

Topic #2: Program Admissions

This topic describes the policies each program utilizes to determine who is admitted. This section has implications for the analyses of data, but also for the implementation of the random aspect of this evaluation.

Items	Variables
	o ADMISSIONS
~~(CDI) 14~~	How are parents recruited
~~(CDI) 15, 15A~~	How are decisions made
~~(CDI) 16~~	Who sets the policy
~~(CDI) 17~~	How are 5-year-olds served

Topic #3: Staff Characteristics

The items in this topic are concerned with a detailed description of the characteristics of the total program staff who work with parents or children. Of concern is the appropriateness of experience and training of personnel. In addition, an analysis of the ethnic ratio of families as compared to staff will be made. Turnover rate on staff will be available through repeated administration of the PDI. This item will not be re-administered each year, but will be updated as staff change.

Item	Variables
	o STAFF CHARACTERISTICS
13	Employment status
	Ethnicity
	Sex
	Education
	CDA status
	Length of time in position
	Physical location of office
	Language spoken other than

Topic #4: Training

The items in this topic concern preservice and inservice training which is offered to staff of the program. This information will offer a description of how program operations and changes are implemented. These process variables may contribute to desired outcomes by preparing staff in a variety of topics which are desirable. Training may relate heavily to program goals and philosophy. Training may facilitate implementation. Researchers have found that the amount of staff training and meeting frequency was related to perceived success and the perceived fiedlity of the implementation.

Items	Variables
	o PRESERVICE TRAINING Availability Number of days of training Number of hours of training Participants to training Format of training Content of training
	o INSERVICE TRAINING Availability Number of days of training Number of hours of training Attendance Format of training Content of training

Topic #5: Parent Involvement

This topic concerns the program's attempts to involve parents in educational and policy matters. The items will document the processes instituted by the program. These processes may relate to later outcomes for parents and children and thus are important to the evaluation. Parent involvement has been shown to be related to child outcomes and to parent behaviors, knowledge and attitudes. These items will be compared with the parent's level of involvement, with outcome data and with implementation of progress goals.

Items	Variables
	o PARENT TRAINING Availability Availability within the last for their schools
	o CHANGES IN PARENT PROGRAMS Were changes necessary in parent involvement Participation of Policy Council in BES Discussion of goals of BES Parent response to BES

Items	Variables
	o POLICY PARTICIPATION
	Frequency of poliyc council meetings
	Attendance
	Attendance of persons other than parents
	Role of persons other than parents
	Decision-making power of Policy Council
	o LIBRARY FOR PARENTS
	Availability
	Participation level each week
	Participation level for year
	Materials available
	o PARENTS AS TEACHERS AT HOME
	Availability of methods for training parents
	Description of methods

Topic #6: BES Requirements

Those projects which are initiatives will be asked a number of questions specific to their implementation of BES guidelines in order to determine the kinds of program changes necessary for BES.

Items	Variables
	o ARRANGEMENTS FOR BES CHILDREN
	Schools BES children feed into
	Special arrangements necessary for their schools
	o CHANGES IN PARENT PROGRAMS
	Were changes necessary in parent involvement
	Participation of Policy Council in BES
	Discussion of goals of BES
	Parent response to BES

Instrument Title: Center Description Interview I

Purpose: To collect information about the centers in which children and families receive services. The following topics will be covered:

- o center background information
- o staff characteristics
- o continuity with public schools
- o community resources
- o teacher supervision
- o curriculum
- o parent involvement

Justification: As with the Program Description Interview, this instrument will be used to document the determinants-of-implementation, but at the center - rather than program level. The context variables are important at the center level where the center and program are distinct entities because when evaluating educational innovations like BES and Head Start educational services the settings are important.

The justification for the Center Description Interview is identical to that for the Program Description Interview.

Estimated Respondent Burden: ~~One hour~~ 30 minutes

Topic #1: Center Background Information

Information on this topic will describe the characteristics of the staff, children and community served. It will describe the center.

Items	Variables
	o CENTER DESCRIPTIONS
1	Physical location
2	Area served
3	Distance from center for families
4	Transportation for families
5	Type of program offered
6	Total number of classes
7C	Number of children in each class
7D	Ages of children in each class
7E	Days and hours of operation of each class
7A	Total study class enrollment

Items	Variables
9	Total enrollment
10	Average daily attendance
11	Number of drop outs
12	Ethnic composition of children
13, 14	Language composition of children
15	Length of time as a Head Start center
8	Length of Head Start year

Topic #2: Staff Characteristics

Same justifications as that for the program staff

Items	Variables
	o STAFF CHARACTERISTICS
* 16	Employment status
	Ethnicity
	Sex
	Education
	CDA status
	Length of time in position
	Physical location of office
	Language spoken other than English
	o STAFF FROM OTHER THAN HEAD START
* 17	Availability of services from non-Head Start staff
* 18	Type of service
* 19	Funding source

Topic #3: Continuity with Public Schools

One goal of BES is to provide a continuous experience for Head Start children who will move into the public school system. This topic obtains information on the preocedures which occur to make this transfer a smooth one. The evaluation will be concerned with how programs implemented a relationship with the schools and how effective a relationship was developed.

Items	Variables
	o COMMUNICATION WITH SCHOOLS
20	What is discussed
21	What services/facilities are shared with schools
22	How are teachers/supervisors shared

Items	Variables
23	What are their tasks
26	Frequency of contact
	o PREPARATION OF HEAD START CHILDREN FOR SCHOOLS
24	Activities
25	o RELATIONSHIP WITH SCHOOLS

Topic #4: Community Resources

This topic documents the resources which are available in the community of the Head Start center. It will provide data on the resources which may aid implementation of the Head Start program.

Items	Variables
* 27	Availability of resources
* 27	Utilization of resources

Topic #5: Teacher Supervision

In addition to the formal training teachers may receive from the program, they may also receive informal training via supervision within their center. This topic taps that training.

Items	Variables
	o SUPERVISION
28	Frequency of
29	Scheduling of

Topic #6: Curriculum

This evaluation is concerned with the educational services afforded to Head Start children. Curriculum is a major portion of the provision of educational services to children. Curriculum includes philosophy of learning, materials, and use of assessment in teaching. The teachers perspective will be available from the Teacher Interview, but this instrument will tap the administrative standpoint.

The information to measure continuity with the schools, since it will be possible to later compare the school's curriculum to that of Head Start.

Items	Variables
30	o TEACHING PHILOSOPHY OF CENTER CLASSES
32, 33	Who decides
34	What is emphasized
31	o USE OF PUBLISHED MATERIALS

Topic #7: Parent Involvement

This topic taps the centers efforts at involving parents in Head Start. It obtains the number of parents served, then the number of them who participate, the frequency and extent of participation. The data will be used to determine level of parent participation across centers for use in analysis of outcome data.

Items	Variables
	o PARENTS PARTICIPATION
35	Number of parent
36	How many participate
38	How many are mothers/fathers
37	Frequency
39	Scheduling
40	What they do in classrooms

Appendix B

Parent Interview I

Teacher Interview I

Program Description Interview I

Center Description Interview I

PARENT INTERVIEW

SPRING, 1979

Interviewer Name_____

Date of Interview_____/_____/_____
month day year

HUNTINGTON HEAD START
HUNTINGTON WV
05_208_ _29

BEFORE WE BEGIN I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE HELPING THE UNITED STATES ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES GET SOME INFORMATION ABOUT PROGRAMS THAT SOME CHILDREN ATTEND BEFORE THEY GO TO KINDERGARTEN. HEAD START IS ONE OF THESE PROGRAMS. WE ARE TALKING TO PARENTS WHOSE CHILDREN ARE INVOLVED IN HEAD START AND TO PARENTS WHOSE CHILDREN ARE NOT INVOLVED IN HEAD START. WE SELECTED YOU AS ONE OF THE PARENTS WE WANT TO TALK TO. YOU CAN HELP US FIND OUT HOW WELL HEAD START SEEMS TO BE WORKING, AND HOW WE MIGHT MAKE IT BETTER. WE ESPECIALLY WANT TO KNOW HOW MUCH HEAD START OR OTHER PROGRAMS HELP CHILDREN WHEN THEY GET TO SCHOOL.

PLEASE REMEMBER THAT YOU ARE ONLY DOING THIS TO HELP, AND THAT YOU DON'T HAVE TO IF YOU DON'T WANT TO. IF YOU DON'T LIKE SOME QUESTIONS I ASK, DON'T ANSWER THEM. YOUR ANSWERS WILL BE KEPT PRIVATE. NOTHING YOU SAY HERE WILL BE REVEALED TO ANYONE IN A WAY THAT IDENTIFIES YOU OR YOUR FAMILY.

BEFORE WE START THE INTERVIEW I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM. AFTER THE INTERVIEW I CAN THEN PAY YOU $10 FOR YOUR ASSISTANCE IN THIS STUDY.

For all parents in the study

TIME STARTED _____ AM PM

PART I: Description of Preschool Program

1. BEFORE I ASK ANY QUESTIONS ABOUT _____, WHAT IS YOUR RELATIONSHIP TO HIM/HER?

   mother, stepmother. 01
   father, stepfather. 02
   older brother, sister 03
   grandmother, grandfather, aunt, uncle . .04
   babysitter, friend, neighbor. 05
   foster mother 06
   foster father 07

* 2. ARE YOU PRIMARILY RESPONSIBLE FOR RAISING _____ AND TAKING CARE OF HIM/HER?
   child's name

   yes. 01
   no . . . . . .02 *(Stop Interview)*

3. IS _____ IN A PRESCHOOL OR DAY CARE PROGRAM NOW?
   child's name

   yes. 01
   no . . . . . .02 *(Go to Q.18)*

4. WHAT KIND OF PRESCHOOL OR DAY CARE PROGRAM IS IT?

   HEAD START 01
   DAY CARE IN A PRIVATE HOME 02
   DAY CARE IN A CENTER 03
   A COOPERATIVE DAY CARE 04
   A PRESCHOOL RUN BY THE PUBLIC SCHOOLS. 05
   OTHER PRESCHOOL PROGRAM. 06

5. HOW MANY DAYS A WEEK DOES (S)HE ATTEND?

   number of days _____

6. HOW MANY HOURS A DAY IS (S)HE AT HEAD START (or THE PRESCHOOL)?

   full day (4 hours or more). 01
   part day (less than 4 hours). 02

7. DO YOU HAVE TO PAY FOR _____ TO ATTEND?
   child's name

   yes. 01
   no 02

8. HOW MANY CHILDREN ARE IN _____ 'S ROOM?
   child's name

   number of children _____

9. HOW MANY ADULTS ARE PRESENT TO CARE FOR _____'S ROOM?
child's name

number of adults _____

10. ARE THE ADULTS WHO WORK THERE TEACHERS, PARENTS OF CHILDREN ENROLLED, OR OTHER ADULTS FROM THE COMMUNITY?

teachers. 01
parents 02
other adults. 03

11. HOW DID YOU FIND OUT ABOUT HEAD START (THE PRESCHOOL)?

(Circle all that apply)

newspaper. 01
social services, physician 02
friend, relative 03
door to door recruitment 04
school system. 05
posters in store, housing projects 06
mailed announcements 07
other *(specify)*_____

12. WHO MADE THE FIRST CONTACT WITH THE PRESCHOOL, DID YOU GO TO HEAD START (THE PRESCHOOL), OR DID SOMEONE FROM THERE COME TO YOU?

parent initiative. 01
program initiative 02
other initiative, e.g. social services 03
other *(specify)*_____

13. WHY DO YOU WANT _____ IN A PROGRAM?
child's name

(Circle all that apply)

to give him/her help for school. 01
to help him/her get along with other children. 02
to provide child care. 03
to help him/her with his/her problems. 04
to provide services, such as health ot dental. 05
other *(specify)*_____

14. WHAT MADE YOU CHOOSE THIS PROGRAM OVER OTHER PROGRAMS?

only one available. 01
cost. 02
convenience-location. 03
convenience--hours of operation 04
other *(specify)* _____

15. IN ADDITION TO THIS PROGRAM IS _____ IN ANY OTHER PRESCHOOL PROGRAM?
child's name

yes. 01
no . . . . . .02 *(Go to Q.18).*

16. HOW MANY DAYS A WEEK DOES _____ GO TO THE OTHER PRESCHOOL?
child's name

number of days _____

17. HOW MANY HOURS A DAY DOES HE/SHE GO TO THIS OTHER PRESCHOOL?

full day (4 or more hours). 01
part day (less than 4 hours). 02

18. HOW MANY BROTHERS AND SISTERS ARE LIVING AT HOME WITH _____?
child's name

none. . . . . .00 *(Go to Q.27).*
number of brothers and sisters_____

19. HOW MANY ARE OLDER? *(If zero enter 0)*

number of older _____

20. HOW MANY ARE YOUNGER? *(If zero enter 0)*

number of younger_____

21. PRIOR TO THIS SCHOOL YEAR WERE ANY OF _____'S BROTHER OR SISTERS
child's name
IN HEAD START OR ANY OTHER PRESCHOOL PROGRAM?

yes. 01
no . . . . . .02 *(Go to Q.24)*

22. HOW MANY OF _____'S WERE IN . HEAD START? *(If zero enter 0)*
child's name

number in Head Start_____

23. HOW MANY WERE IN OTHER PRESCHOOL PROGRAMS? *(If zero enter 0)*

number in other preschools_____

24. ARE ANY OF _____'S BROTHERS OR SISTERS CURRENTLY IN A HEAD START
child's name
OR OTHER PRESCHOOL OR DAY CARE PROGRAM?

yes. 01
no . . . . . .02 *(Go to Q.27)*

25. HOW MANY OF _____'S BROTHERS OR SISTERS ARE CURRENTLY IN HEAD
child's name
START? *(If zero enter 0)*

number in Head Start _____

26. HOW MANY ARE CURRENTLY IN OTHER PRESCHOOL PROGRAMS? *(If zero enter 0)*

number in other preschool programs_____

27. WAS _____ IN ANY OTHER PRESCHOOL OR DAY CARE PROGRAM BEFORE THIS
child's name
FALL?

yes. 01
no . . . . . .02 *(Go to Q.29)*

28. HOW MANY MONTHS WAS _____ IN THAT PRESCHOOL PROGRAM?
child's name

number of months _____

NOTE: If the child is not currently attending Head Start or Preschool go to question 79, otherwise, continue to question 29.

For parents of children currently in Head Start or another program

PART II: Information on health and dental services

29. NOW I WOULD LIKE TO FIND OUT A LITTLE ABOUT _____'S HEALTH.
child's name

WHEN WAS THE LAST TIME _____ WENT TO A DOCTOR, HEALTH CENTER OR CLINIC?
child's name

never. . . . . .01 *(Go to Q.34)*

_____/_____
month year

30. WAS THIS LAST VISIT FOR A CHECK UP OR FOR SOMETHING ELSE?

check-up. . . . . .01 *(Go to Q.32)*
something else. . . .02

31. WHEN WAS THE LAST TIME _____ HAD A CHECK UP?
child's name

_____/_____
month year

32. DID _____'S PRESCHOOL HELP MAKE ARRANGEMENTS FOR THE VISIT?
child's name

yes. 01
no 02

33. DID THE PRESCHOOL HELP PAY FOR THE VISIT?

yes. 01
no 02

34. I'D LIKE TO FIND OUT WHAT SHOTS _____ HAS HAD?
child's name

HAS (S)HE HAD:	*(Circle one code per line)*		
	yes	no	dk
DPT SHOTS?	01	02	98
POLIO SHOTS?	01	02	98
MEASLES SHOTS?	01	02	98

35. WHEN WAS THE LAST TIME _____ WENT TO A DENTIST?
child's name

never. . . . . .01 *(Go to Q.40)*

_____/_____
month year

36. WAS THIS LAST VISIT FOR A DENTAL CHECK UP OR FOR SOMETHING ELSE?

check-up. . . . . .01 *(Go to Q.38)*
something else. . . .02

37. WHEN WAS THE LAST TIME _____ HAD A DENTAL CHECK UP?
child's name

_____/_____
month year

38. DID _____'S PRESCHOOL HELP MAKE ARRANGEMENTS FOR THIS LAST
child's name
DENTAL VISIT?

yes. 01
no 02

39. DID THE PRESCHOOL HELP PAY FOR THE VISIT TO THE DENTIST?

yes. 01
no 02

For parents of children currently in Head Start or another program-otherwise skip to Q.79

PART III: Parent Involvement

40. I'D LIKE TO ASK YOU A LITTLE ABOUT YOUR ACITVITIES WITH _____'S
child's name
PRESCHOOL PROGRAM. HOW OFTEN, HAVE YOU SPOKEN WITH _____'S
child's name
TEACHERS OR ONE OF THE OTHER STAFF MEMBERS AT THE PRESCHOOL?

not at all. . . . . .01 *(Go to Q.45)*
ONCE A MONTH OR LESS. 02
ONCE A WEEK 03
2-3 TIMES A WEEK. 04
other *(specify)* _____

41. I AM GOING TO READ A LIST OF THINGS YOU MIGHT HAVE DISCUSSED AT THE PRE SCHOOL. PLEASE TELL ME IF YOU DISCUSSED ANY OF THESE THINGS WITH _____ TEACHERS OR OTHER STAFF MEMBERS AT THE PRESCHOOL.
child's name

(Circle one code per line)

HAVE YOU EVER DISCUSSED:	Yes	No
A. _____ EDUCATION AT THE PRESCHOOL.	01	02
B. EDUCATIONAL ACTIVITIES YOU COULD DO AT HOME WITH _____.	01	02
C. _____'S DIET, THINGS LIKE WEIGHT CONTROL, FOOD ALLERGIES, LACK OF APPETITE, ETC.	01	02
D. HOW TO OBTAIN GOOD MEDICAL OR DENTAL SERVICES	01	02
E. _____'S HEALTH, FOR EXAMPLE, TREATMENT OF AN ILLNESS, GOOD HYGIENE, OR WHETHER OR NOT FLU SHOTS WERE NEEDED.	01	02

~~42. *(This question has been deleted).*~~

~~43. *(This question has been deleted).*~~

~~44. *(This question has been deleted).*~~

45. HAVE YOU VISITED IN _____ CLASSROOM DURING CLASS TIME THIS SCHOOL YEAR?
child's name

yes. 01
no . . . . . .02 *(Go to Q.48)*

46. HOW OFTEN HAVE YOU VISITED IN HIS/HER CLASSROOM?

ONCE A MONTH OR LESS. 01
ONCE A WEEK 02
2-3 TIMES A WEEK. 03
other *(Specify)* _____

47. I AM GOING TO READ YOU A LIST OF THINGS YOU MIGHT HAVE DONE WHILE VISITING IN _____ CLASSROOM. PLEASE TELL ME WHICH OF THESE
child's name
THINGS YOU DID IN THE CLASSROOM. *(For each yes response ask -* DID YOU DO THIS WITHIN THE LAST MONTH?

DID YOU:	No	Yes →	Yes	No
SUPERVISE FREE PLAY.	.02	01	01	02
READ TO THE CHILDREN	.02	01	01	02
HELP WITH ART PROJECTS	.02	01	01	02
SET UP MATERIALS FOR TEACHER, SUCH AS PAPER AND PENCILS, SNACKS, ETC..	.02	01	01	02
HELP WITH FIELD TRIPS.	.02	01	01	02
TELL CHILDREN ABOUT PHYSICAL EXAMS	.02	01	01	02
EXPLAIN A PHYSICAL HANDICAP.	.02	01	01	02
TALK TO CLASS ABOUT SAFETY	.02	01	01	02
HELP WITH A COOKING ACTIVITY	.02	01	01	02
OTHER *(Specify)*_____			01	02

48. HAVE YOU ATTENDED ANY PATENT EDUCATION MEETINGS HELD BY HEAD START THIS SCHOOL YEAR?

yes. 01
no . . . . . .02 *(Go to Q.52).*

49. HOW OFTEN DO YOU ATTEND PARENT EDUCATION MEETINGS?

ONCE A MONTH OR LESS. 01
ONCE A WEEK 02
2-3 TIMES A WEEK. 03
other *(specify)*_____

50. WHAT WERE THE PURPOSES OF THE MEETINGS THAT YOU ATTENDED? WERE THEY TO LEARN ABOUT:

(Circle one code per line)

	Yes	No
HOW CHILDREN LEARN.	.01	02
HOW CHILDREN BEHAVE OR FEEL	.01	02
WHAT PARENTS CAN DO AT HOME WITH CHILDREN .	.01	02
ABOUT SERVICES WHICH ARE AVAILABLE IN THE COMMUNITY.	.01	02
ABOUT FURTHER EDUCATION FOR YOURSELF. . . .	.01	02
ABOUT HOW TO GET INVOLVED IN THE COMMUNITY.	.01	02
ABOUT NUTRITION OR COOKING.	.01	02
ABOUT HEALTH SERVICES AND HOW TO GET THEM .	.01	02
ABOUT DENTAL SERVICES AND HOW TO GET THEM .	.01	02
ABOUT FIRST AID OT OTHER HEALTH TOPICS. . .	.01	02

OTHER *(Specify)*_____
_____

51. HAVE YOU BEEN TO A PARENT EDUCATION MEETING WITHIN THE LAST MONTH?

yes. 01
no 02

52. HAVE YOU EVER ATTENDED HEAD START (OR PRESCHOOL) ACTIVITIES WHICH WERE HELD FOR THE PARENTS' ENJOYMENT OR BENEFIT? ACTIVITIES SUCH AS, HANDICRAFT CLASSES, WEIGHT LOSS CLASSES, ETC.?

yes. 01
no . . . . . .02 *(Go to Q.55)*

53. WHAT WERE THE ACTIVITIES?

(Circle all that apply)

sewing classes, knitting, handicraft. 01
tool lending library. 02
used clothing sale. 03
community action program. 04
social get-togethers. 05
weight loss, exercise program 06
other *(specify)*_____.

54. HAVE YOU ATTENDED ANY OF THESE MEETINGS WITHIN THE LAST MONTH?

yes. 01
no 02

55. HAVE YOU EVER SERVED ON ANY PARENT COMMITTEES IN THE PRESCHOOL?

yes. 01
no . . . . . .02 *(Go to Q.58)*

56. WHICH COMMITTEES HAVE YOU SERVED ON?

(Circle all that apply)

policy committee. 01
transportation committee. 02
health committee. 03
education committee 04
other *(Specify)* 1_____
2_____

57. HAVE YOU ATTENDED A PARENT COMMITTEE MEETING WITHIN THE LAST MONTH?

yes. 01
no 02

58. HAVE YOU EVER HELPED TO MAKE DECISIONS ABOUT HOW HEAD START (or THE PRESCHOOL) IS RUN?

yes. 01
no . . . . . .02 *(Go to Q.60)*

59. WHAT KINDS OF DECISIONS HAVE YOU HELPED WITH?

	Yes	No
HIRING OR FIRING OF STAFF.	.01	02
BUDGET	.01	02
WHICH MATERIALS TO PURCHASE FOR THE CLASSROOM. . . .	.01	02
WHICH MATERIALS OR BOOKS ARE TO BE USED IN THE CLASSROOM	.01	02
WHICH PARENT ACTIVITIES ARE TO BE OFFERED.	.01	02

OTHER *(SPECIFY)* 1_____

60. HAVE YOU EVER TALKED WITH OTHER PARENTS ABOUT ENROLLING THEIR CHILDREN IN HEAD START (or THE PRESCHOOL)?

yes. 01
no 02

61. HAS ANYONE FROM THE PRESCHOOL EVER ASKED YOU HOW YOU THOUGHT THE PRESCHOOL PROGRAM COULD BE RUN BETTER?

yes. 01
no 02

62. HAVE YOU EVER WORKED IN HEAD START (or THE PRESCHOOL) AS A VOLUNTEER?

yes. 01
no . . . . . .02 *(Go to Q.64)*

63. WHAT WAS YOUR JOB TITLE(S) AS A VOLUNTEER?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
cook. 09
nutritionist. 10
bus driver. 11
other *(specify)* 1_____
2_____

64. HAVE YOU EVER WORKED AS A PAID EMPLOYEE OF HEAD START (or THE PRESCHOOL)?

yes. 01
no . . . . . .02 *(Go to Q.65A)*

65. WHAT WAS YOUR JOB TITLE(S)?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
cook. 09
nutritionist. 10
bus driver. 11
other *(specify)* 1_____
2_____

65A. HAS ANYONE FROM THE PRESCHOOL EVER VISITED YOUR HOME?

yes. 01
no . . . . . .02 *(Go to Q.66)*

65B. WHO FROM THE PRESCHOOL VISITED IN YOUR HOME?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
other *(specify)* 1_____
2_____

(If code 02 (teacher) is circled go to Q.65C. otherwise go to Q.66).

65C. HOW OFTEN DOES _____'S TEACHER VISIT IN YOUR HOME?
child's name

WEEKLY. 01
MONTHLY 02
LESS THAN MONTHLY 03

65D. WHAT DID YOU TALK ABOUT THE LAST TIME THE TEACHER CAME TO YOUR HOME?

DID YOU TALK ABOUT: *(Circle one code per line)*

		Yes	No
A.	HOW _____ IS DOING IN CLASS?	.01	02
	child's name		
B.	WAYS YOU COULD HELP _____ BY WORKING WITH HIM/HER AT HOME?. . . . . child's name.	.01	02
C.	_____'S GENERAL HEALTH?	.01	02
	child's name		
D.	WAYS YOU COULD PARTICIPATE IN THE PRESCHOOL ACTIVITIES? . . .	.01	02
E.	HOW TO GET SOCIAL SERVICE ASSISTANCE FOR YOUR FAMILY?	.01	02
F.	HOW TO GET AND USE BOOKS OR MATERIALS FOR TEACHING _____ child's name AT HOME?.	.01	02
G.	OTHER *(SPECIFY)*_____		

65E. DID THE TEACHER LEAVE ANY MATERIALS OR BOOKS WITH YOU?

yes. 01
no . . . . . .02 *(Go to Q.65G)*

65F. DID THE TEACHER SHOW YOU HOW TO USE THE MATERIALS THAT SHE BROUGHT FOR _____?
child's name

yes. 01
no 02

65G. DID THE TEACHER EXPLAIN HOW YOU MIGHT WORK WITH _____ TO HELP HIM/HER LEARN?
child's name

yes. 01
no 02

For parent with children in Head Start or another program

PART IV: Satisfaction with the preschool

66. I'D LIKE TO ASK SOME QUESTIONS ABOUT HOW YOU FEEL HEAD START (or THE PRESCHOOL HAS HELPED _____ (child's name).

	"YES" WOULD YOU SAY IT HAS HELPED A GREAT DEAL	"YES" WOULD YOU SAY IT HAS HELPED A LITTLE	NO	DK
A. DO YOU FEEL THAT HEAD START (or THE PRESCHOOL) HAS HELPED YOUR CHILD FEEL MORE SURE OF HIM/HER SELF?	01	02	03	98
B. HAS HEAD START (or THE PRESCHOOL HELPED _____ (child's name) IN GETTING READY TO LEARN TO READ?	01	02	03	98
C. HAS IT HELPED TEACH HIM/HER NUMBERS?	01	02	03	98
D. HAS HEAD START (or THE PRESCHOOL) HELPED HIM/HER LEARN TO GET ALONG WITH OTHERS?	01	02	03	98
E. HAS IT HELPED HIM/HER LEARN ABOUT DIFFERENT CULTURAL BACKGROUNDS?	01	02	03	98

67. IN GENERAL, HOW HELPFUL DO YOU FEEL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOUR CHILD?

WOULD YOU SAY:
- EXTREMELY HELPFUL. 01
- VERY HELPFUL 02
- SOMEWHAT HELPFUL 03
- NOT HELPFUL. 04
- HARMFUL. 05

For parents with children in Head Start or another program

PART V: Satisfaction with the preschool for the parent.

68. NOW I WOULD LIKE TO ASK YOU HOW HELPFUL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOU PERSONALLY.

	"YES" WOULD YOU SAY IT HAS HELPED A GREAT DEAL 01	A LITTLE 02	NO 03	DK 98
A. DO YOU FEEL THE STAFF OF HEAD START (or THE PRESCHOOL) HAVE HELPED YOU TO UNDERSTAND WHAT YOUR CHILD IS DOING AT THE PRESCHOOL?				
B. HAS THE PROGRAM TAUGHT YOU HOW TO HELP YOUR CHILD?	01	02	03	98
C. DO YOU FEEL IT HAS HELPED YOU TO UNDERSTAND HOW CHILDREN LEARN?	01	02	03	98
D. HAS HEAD START (or THE PRESCHOOL GIVEN YOU THE CHANCE TO PLAN YOUR CHILD'S PROGRAM?	01	02	03	98
E. HAS HEAD START (or THE PRESCHOOL) HELPED YOU WITH PROBLEMS YOU HAVE HAD?	01	02	03	98
F. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO KNOW OTHER PARENTS AT THE PROGRAM?	01	02	03	98
G. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO FIND A JOB OR TO GET JOB TRAINING?	01	02	03	98
H. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO TAKE COURSES IN SCHOOL OR COLLEGE?	01	02	03	98
I. HAS HEAD START (or THE PRESCHOOL) HELPED YOU IN ARRANGING MEDICAL, DENTAL AND OTHER HEALTH SERVICES WHEN _____ child's name NEEDED THEM?	01	02	03	98
J. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO FIND AND USE SOCIAL SERVICES SUCH AS CHILD CARE, LEGAL AID, FAMILY COUNSELING WELFARE SERVICES OR HOUSING ASSISTANCE?	01	02	03	98

69. IN GENERAL, HOW HELPFUL DO YOU FEEL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOU PERSONALLY?

WOULD YOU SAY:

EXTREMELY HELPFUL. 01
VERY HELPFUL 02
SOMEWHAT HELPFUL 03
NOT VERY HELPFUL 04
HARMFUL. 05

70. WOULD YOU RECOMMEND THAT YOUR FRIENDS SEND THEIR CHILDREN TO HEAD START (or THIS PRESCHOOL)?

yes. 01
no 02

For parents with children in Head Start or another program

PART VI: Parent Attitutes

71. I AM GOING TO READ SOME STATEMENTS TO YOU THAT OTHER PARENTS HAVE MADE. I WOULD LIKE YOU TO TELL ME IF YOU STRONGLY AGREE, MILDLY AGREE, ARE NOT SURE, DISAGREE MILDLY OR STRONGLY DISAGREE WITH EACH OF THEM. THERE IS NO RIGHT OR WRONG ANSWER. WE'D JUST LIKE TO KNOW HOW YOU FEEL.

		STRONGLY DISAGREE	MILDLY DISAGREE	NOT SURE/ UNCERTAIN	MILDLY AGREE	STRONGLY AGREE
A.	THERE IS LITTLE PARENTS CAN DO ABOUT PRESCHOOL POLICIES AND PRACTICES.	1	2	3	4	5
B.	I AM EAGER TO HAVE THE TEACHER'S IDEAS ABOUT HOW TO WORK WITH MY CHILD.	1	2	3	4	5
C.	NOW THAT MY CHILD IS IN A PRESCHOOL, THE PRESCHOOL HAS THE MAIN RESPONSIBILITY FOR HIS/HER EDUCATION.	1	2	3	4	5
D.	NO MATTER HOW WELL EDUCATED A PARENT IS, HE DOESN'T KNOW ENOUGH ABOUT TEACHING YOUNG CHILDREN TO BE ABLE TO GIVE A TEACHER GOOD ADVICE.	1	2	3	4	5
E.	WHAT I TEACH MY CHILD AT HOME IS VERY IMPORTANT TO HIS/HER SCHOOL SUCCESS.	1	2	3	4	5
F.	PARENTS CANNOT DO MUCH TO CHANGE WHAT HAPPENS AT THE PRESCHOOL.	1	2	3	4	5
G.	I WANT THE TEACHER TO TELL ME HOW TO HELP MY CHILD LEARN.	1	2	3	4	5
H.	IT IS NOT UP TO ME TO TEACH MY CHILD NOW THAT (S)HE IS IN A PRESCHOOL.	1	2	3	4	5
I.	SINCE PARENTS LACK SPECIAL TRAINING IN EDUCATION, THEY SHOULD NOT QUESTION THE TEACHER'S TEACHING METHODS.	1	2	3	4	5

		STRONGLY DISAGREE	MILDLY DISAGREE	NOT SURE/ UNCERTAIN	MILDLY AGREE	STRONGLY AGREE
J.	I CAN TEACH MY CHILD MANY THINGS THAT WILL HELP HIM/ HER IN PRESCHOOL.	1	2	3	4	5
K.	PARENTS CANNOT HAVE A MEANINGFUL EFFECT ON THE PRESCHOOL.	1	2	3	4	5
L.	I WANT THE TEACHER TO HELP ME TO DO A BETTER JOB OF TEACHING MY CHILD AT HOME.	1	2	3	4	5
M.	ONCE MY CHILD IS IN SCHOOL THERE IS LITTLE I CAN DO AT HOME TO HELP EDUCATE HIM/HER.	1	2	3	4	5
N.	BECAUSE OF ALL THE TEACHER'S TRAINING AND EXPERIENCE, PARENTS SHOULDN'T TRY TO TELL HER HOW TO TEACH.	1	2	3	4	5
O.	MY HELP AND INTEREST AT HOME ARE ABSOLUTELY NECESSARY FOR MY CHILD TO SUCCEED IN SCHOOL.	1	2	3	4	5
P.	PARENTS SHOULDN'T INTERFERE SINCE TEACHERS KNOW MORE ABOUT WHAT CHILDREN SHOULD BE TAUGHT.	1	2	3	4	5

For parents with children in Head Start or another program

PART VII: Expectations for the child.

72. IN GENERAL IS _____ ABLE TO DO:
child's name

MUCH MORE THAN OTHER CHILDREN HIS/HER AGE? 01
MORE THAN OTHER CHILDREN HIS/HER AGE?. 02
THE SAME 03
LESS 04
MUCH LESS THAN OTHER CHILDREN HIS/HER AGE? 05

73. HOW WELL IS _____ DOING IN HEAD START (or THE PRESCHOOL)?
child's name

EXCELLENT WORK. 01
GOOD WORK 02
ABOUT AVERAGE 03
POOR WORK 04
VERY POOR WORK. 05
dk. 98

74. IN GENERAL, HOW SATISFIED ARE YOU WITH _____'S PROGRESS
child's name
IN HEAD START (or THE PRESCHOOL)?

EXTREMELY SATISFIED 01
VERY SATISFIED. 02
SOMEWHAT SATISFIED. 03
NOT SATISFIED 04

75. HOW FAR DO YOU HOPE _____ WILL GO IN SCHOOL?
child's name

grade school. 01
junior high school. 02
high school 03
vocational or technical training after high
school 04
college 05
graduate school 06

76. GIVEN THE WAY (S)HE SEEMS TO BE DOING IN SCHOOL NOW, HOW FAR DO YOU THINK _____ WILL GO IN SCHOOL?
child's name

grade school. 01
junior high school. 02
high school 03
vocational or technical training after high
school 04
college 05
graduate school 06

77. HOW WELL DO YOU THINK _____ WILL DO IN SCHOOL?
child's name

EXCELLENT. 01
GOOD 02
ABOUT AVERAGE. 03
POOR 04
VERY POOR. 05

78. HOW SUCCESSFUL DO YOU THINK _____ WILL BE WHEN (S)HE IS AN ADULT?
child's name

VERY SUCCESSFUL. 01
SUCCESSFUL 02
AVERAGE. 03
(S)HE'LL HAVE PROBLEMS 04

PART VIII: Knowledge and use of community resources

79. NOW I AM GOING TO READ A LIST OF PLACES AND SERVICES THAT YOU MIGHT HAVE HEARD OF. FOR EACH ONE, PLEASE TELL ME IF YOU HAVE EVER HEARD OF IT AND IF SO HAVE YOU EVER USED IT

	HAVE YOU EVER HEARD OF		(IF HEARD) HAVE YOU USED		*(if used)* DID HEAD START (or THE PRESCHOOL) HELP YOU IN ANY WAY	
	NO	YES	NO	YES	NO	YES
FOOD STAMPS	02	01	02	01	02	01
MEDICAID	02	01	02	01	02	01
FOOD COMMODITIES	02	01	02	01	02	01
PUBLIC HEALTH CLINICS	02	01	02	01	02	01
MENTAL HEALTH CLINICS	02	01	02	01	02	01
FAMILY COUNSELING AGENCIES . .	02	01	02	01	02	01
PLANNED PARENTHOOD	02	01	02	01	02	01
WELFARE DEPARTMENT	02	01	02	01	02	01
DAY CARE OR CHILD CARE PROGRAM .	02	01	02	01	02	01
LOCAL HOSPITAL	02	01	02	01	02	01
RECREATIONAL PROGRAMS	02	01	02	01	02	01
LEGAL AID	02	01	02	01	02	01
HOUSING AUTHORITY	02	01	02	01	02	01
STATE EMPLOYMENT OFFICE	02	01	02	01	02	01
JOB TRAINING PROGRAMS	02	01	02	01	02	01

80. NOW LET'S TALK ABOUT SOME OF THE ACTIVITIES, ORGANIZATIONS AND CLUBS THAT MIGHT BE AVAILABLE TO YOU IN YOUR NEIGHBORHOOD.

DO YOU BELONG TO ANY SOCIAL CLUBS OR GROUPS, SUCH AS CARD CLUBS OR BOWLING LEAGUES etc?

yes 01
no . . . . . .02 *(Go to Q83)*

81. ABOUT HOW OFTEN DO YOU PARTICIPATE IN THESE SOCIAL ACTIVITIES?

not at all 01
once a month 02
more than once a month . . . 03

82. ARE YOU AN OFFICER OR DO YOU WORK ON ANY COMMITTEES IN THESE GROUPS?

yes 01
no 02

83. DO YOU BELONG TO OR ATTEND A CHURCH GROUP SUCH AS THE CHOIR OR CHURCH CLUB?

yes 01
no 02

84. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

85. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTEES?

yes 01
no 02

86. DO YOU BELONG TO ANY NEIGHBORHOOD ACTION GROUPS, SUCH AS, COMMUNITY ACTION PROGRAMS, BLOCK GROUPS OR PARENT COUNCILS?

yes 01
no . . . . . .02 *(Go to Q89)*

87. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

88. ARE YOU AN OFFICER OR DO YOU WORK ON ANY COMMITTEES?

yes 01
no 02

89. DO YOU BELONG TO OR ATTEND MEETINGS OF ANY POLITICAL ACTION GROUPS SUCH AS A POLITICAL PARTY OR CITIZENS COMMITTEE?

yes 01
no . . . . . .02 *(Go to Q92)*

90. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

91. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTEES?

yes 01
no 02

92. DO YOU BELONG TO OR ATTEND MEETINGS OF ANY OTHER GROUPS, SUCH AS JOB GROUPS, UNIONS, STUDY GROUPS, PTA'S?

yes 01
no . . . . . .02 *(Go to Q.95)*

93. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

94. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTIES IN THESE GROUPS?

yes 01
no 02

PART IX: Parent-child activities at home.

95. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE ACTIVITIES THAT YOUR CHILD DOES FROM DAY TO DAY. SOME OF THE QUESTIONS ARE ABOUT THINGS (S)HE PLAYS WITH, AND SOME ARE ABOUT THINGS THAT YOU DO TOGETHER.

A. HOW MANY CHILDREN'S BOOKS ARE IN YOUR HOME THAT YOUR CHILD CAN LOOK AT?

FIFTEEN OR MORE. 01
SEVERAL, BUT NOT FIFTEEN . . .02
THREE OR FEWER 03

B. HOW OFTEN WOULD YOU SAY SOMEONE READS STORIES TO YOUR CHILD?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

C. HOW OFTEN DO YOU AND YOUR CHILD TALK ABOUT THE PICTURES (S)HE MAKES, WHAT (S)HE DOES DURING THE DAY, HIS/HER FRIENDS, AND SO ON?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

D. HOW OFTEN DO YOU LET YOUR CHILD HELP YOU WHILE YOU ARE COOKING, CLEANING, WASHING DISHES, OR DOING OTHER TASKS?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

E. HOW OFTEN DO YOU JOIN IN THE PLAY ACTIVITIES WITH YOUR CHILD , SUCH AS PLAYING GAMES, DRAWING PICTURES, OR SINGING?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

96. I AM GOING TO READ A LIST OF HOUSEHOLD TASKS THAT CHILDREN SOMETIME HELP WITH. PLEASE TELL ME WHICH ONES _____ HAS HELPED YOU WITH IN THE LAST MONTH.
child's name

HAS_____ HELPED YOU. . . . . .IN THE LAST MONTH?
child's name

	Yes	No
CLEAN OR PEEL FOOD FOR A MEAL.	.01	02
MIX OR BAKE THINGS, LIKE COOKIES	.01	02
STIR THINGS WHILE THEY ARE COOKING, LIKE SOUP, PUDDING, ETC.	.01	02
FIND FOOD ON SHELVES AT THE GROCERY STORE FOR YOU. . .	.01	02
TAKE OFF THE DISHES AFTER A MEAL	.01	02
PUT CLEAN CLOTHES INTO THE RIGHT DRAWERS OR SHELVES.	.01	02

97. HOW MUCH TIME DOES YOUR CHILD SPEND WATCHING TELEVISION?

ABOUT 2 HOURS A DAY OR MORE. 01
EVERY DAY BUT LESS THAN TWO HOURS. 02
SEVERAL TIMES A WEEK OR LESS 03

98. DO YOU SUGGEST TO YOUR CHILD WHICH TV PROGRAMS HE/SHE SHOULD WATCH?

yes. 01
no 02

99. HOW OFTEN DO YOU TALK WITH YOUR CHILD ABOUT HIS/HER FEELINGS TOWARD THINGS SUCH AS HIS/HER FEARS, PEOPLE OR THINGS (S)HE ESPECIALLY DOESN'T LIKE.

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

100. I AM GOING TO READ A LIST OF THINGS THAT CHILDREN PLAY WITH. PLEASE TELL ME WHICH ONES YOUR CHILD HAS A CHANCE TO PLAY WITH AT HOME.

	Yes	No
CRAYONS AND PAPER.	.01	02
CHILDREN'S SCISSORS.	.01	02
SCOTCH TAPE, STAPLER OR PASTE.	.01	02
JIGSAW PUZZLES	.01	02
OLD PICTURE CATELOGS TO CUT UP LIKE SEARS, MONGOMERY WARDS.	.01	02
PAINT OR MAGIC MARKERS	.01	02
CLAY OR PLAY DOUGH	.01	02
PUT-TOGETHER TOYS LIKE TINKER TOYS	.01	02
HAMMER AND NAILS WITH SOME WOOD SCRAPS	.01	02
YARN, THREAD, AND CLOTH SCRAPS FOR KNITTING OR SEWING	.01	02
MAKE BELIEVE TOYS OUT OF MILK CARTONS, TINCANS OR EGG CARTONS.	.01	02
PLANTS OR HIS/HER OWN IN A POT OR GARDEN	.01	02

101. HOW OFTEN DO YOU PLAY "HOUSE", "STORE", "DOCTOR", OR OTHER MAKE BELIEVE GAMES WITH YOUR CHILD?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

PART X: Background variables

102. I'D LIKE TO FIND OUT A LITTLE ABOUT THE PEOPLE IN YOUR HOME. HOW MANY ADULTS ARE THERE ALTOGETHER LIVING IN YOUR HOME?

number of adults _____

103. DO ANY OF _____'S GRANDPARENTS, AUNTS OR UNCLES LIVE IN YOUR HOME?
child's name

yes. 01
no 02

104. ARE THERE ANY OTHER CHILDREN LIVING IN THE HOME UNDER THE AGE OF 18 BESIDES_____?
child's name

yes. 01
no . . . . . .02 *(Go to Q. 106)*

105. WHAT ARE THE AGES OF THESE CHILDREN? _____ _____ _____ _____ _____

106B. WHAT IS THE HIGHEST GRADE YOU (or THE CHILD'S MOTHER) COMPLETED IN SCHOOL? *(If respondent isn't mother)* DOES _____ MOTHER LIVE IN THE HOME?
child's name

grade school	1 2 3 4 5 6 7 8	yes. . . .01 *(Use mother in 106-111).*
high school	9 10 11 12	
college	13 14 15 16	no . . . .02 *(Use respondent in 106-111).*
graduate school	17	

(If 12 or greater Go to Q.107 otherwise go to Q. 108).

107. WHAT IS THE HIGHEST DEGREE YOU (or THE CHILD'S MOTHER) RECEIVED?

high school. 01
GED. 02
associate (two year college degree). 03
bachelor's (four year college) 04
master's 05
Ph.D.. 06
other *(Specify)*_____

108. ARE YOU (or CHILD'S MOTHER) ATTENDING ANY KIND OF CLASSES NOW, FOR EXAMPLE, ADULT EDUCATION OR TECHNICAL SCHOOL?

yes. 01
no 02

109. DO YOU (or CHILD'S MOTHER) CURRENTLY HAVE A PAYING JOB?

yes. 01
no . . . . . .02 *(Go to Q.112)*

110. IS THIS JOB FULL TIME, REGULAR PART TIME, OR OCCASIONAL PART TIME?

full time. 01
regular part time. 02
Occasional part time 03

(If a full time and part time job is reported in Q. 110, ask about the full time job in Q. 111).

111. WHAT KIND OF WORK DO YOU DO (or CHILD'S MOTHER)?

executives and proprietors of large concerns, major professionals e.g. doctors, lawyers, commissioned officers, athlete, etc. 01
managers and proprietors of medium sized businesses and lesser professionals, e.g. police chief, registered nurse, teacher 02
administrative personnel of large concerns, owners of small independent businesses, semi-professionals, e.g. clothing shop owner, IBM programmer, florist, accountant 03
clerical, technical assistant 04
skilled workers, e.g. baker, fireman, policeman, painter construction foreman, carpenter, electrician. 05
semi-skilled workers, e.g. truck or equipment operator, nurse's aide, practical nurse, hairdresser, housekeeper, enlisted military. .06
unskilled workers, e.g. laundry worker, farm hand, garbage collector, construction worker, waitress 07
welfare 08
retirement or pension pay 09
don't know. 98

112. DOES ANYONE (ELSE) IN YOUR HOUSEHOLD CURRENTLY RECEIVE AN INCOME THAT IS USED TO SUPPORT THE FAMILY?

yes. 01
no . . . . . .02 *(Go to Q.118)*

113. WHO ELSE HELPS TO SUPPORT THE FAMILY? *(If more than one person is given ask which one provides the main income to the family and circle his/her code).*

MOTHER, STEPMOTHER. 01
FATHER, STEPFATHER. 02
OLDER SISTER/BROTHER. 03
OTHER RELATIVE. 04
OTHER *(Specify)* _____

114. IS HER/HIS JOB FULL-TIME, PART-TIME REGULAR, OR OCCASIONAL PART TIME?

Full time. 01
Regular part time. 02
Occasional part time 03

(If a full time and part time job is reported in Q. 114, ask Q. 115 for the full time job).

115. WHAT KIND OF WORK DOES HE/SHE DO?

Executive and proprietors of large concerns, major professionals, e.g. doctors, lawyers, ocmmissioned officers, athlete, etc. 01
Managers and proprietors of medium-sized business and lesser professionals, e.g., police chief, registered nurse, teacher 02
Administrative personnel of large concerns, owners of small independent businesses, semi-professionals, e.g., clothing shop owner, IBM programmer, florist, accountant 03
Clerical, technical assistance. 04
Skilled workers, e.g., baker, fireman, policeman, painter construction foreman, carpenter, electrician. 05
Semi-skilled workers, e.g., truck or equipment operator, nurse's aide, practical nurse, hairdresser, housekeeper, enlisted military, etc 06
Unskilled workers, e.g., laundry worker, farm hand, garbage collector, construction, laborer, waitress 07
welfare 08
retirement, or pension pay. 09
don't know. 98

116. WHAT IS THE HIGHEST GRADE (S)HE COMPLETED IN SCHOOL? *(Circle # that applies).*

grade school	1 2 3 4 5 6 7 8
high school	9 10 11 12
college	13 14 15 16
graduate school	17+

(If 12 of greater Go to Q. 117, otherwise go to Q.118).

117. WHAT IS THE HIGHEST DEGREE (S)HE RECEIVED?

GED. 01
high school. 02
associate's (two year college) 03
bachelor (four year college) 04
masters. 05
Ph.D.. 06
other *(Specify)*_____

118. WHAT IS THE MAIN LANGUAGE SPOKEN IN YOUR HOME?

English. 01
Spanish. 02
American Indian. 03
Oriental/Pacific Island. 04
other *(specify)*_____

119. PLEASE LOOK AT THIS CARD AND TELL ME WHICH LETTER REPRESENTS YOUR FAMILY'S INCOME, INCLUDING ALL SOURCES:

a. $ - $ 1,000. 01
b. $ 1,001 - $ 2,000. 02
c. $ 2,001 - $ 3,000. 03
d. $ 3,001 - $ 4,000. 04
e. $ 4,001 - $ 5,000. 05
f. $ 5,001 - $ 6,000. 06
g. $ 6,001 - $ 8,000. 07
h. $ 8,001 - $10,000. 08
i. more than $10,000. 09

ARE THERE OTHER THINGS YOU WOULD LIKE TO SAY ABOUT HEAD START (or PRESCHOOL EDUCATION?

THANK YOU VERY MUCH FOR ALL THE TIME YOU HAVE SPENT WITH ME. YOUR EFFORTS WILL HELP US ALOT.

PAY PARENT AND HAVE HIM/HER SIGN PAYMENT RECEIPT.

TIME FINISHED_____AM
PM

(Interviewer: Do not ask these questions, but mark them after the interview.)

Head Start parent. 01
BES parent 02
control parent 03

Ethnicity of Respondent

Hispanic. 01
black/negro, not of hispanic origin 02
white/caucasian, not of hispanic origin . .03
American Indian, or native Alaskan. 04
Asian/Pacific Islander. 05
other *(Specify)*_____

PROBLEM QUESTIONS

Question Number	Problem
___	
___	
___	
___	
___	
___	
___	
___	
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___	
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Take Consultant
page out.
where are Starred Items
of Teacher Interview II

Teacher Interview

Spring, 1979

___ ___ ___ ___ ___

___ ___ ___ ___ ___

FORM # HS (1) BES (2) SITE # CENTER # TEACHER #

INTERVIEWER NAME _____

DATE OF INTERVIEW ____ / ____ / ____
MO. DAY YR.

SITE NAME_____

CENTER NAME_____

TEACHER NAME_____

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES IN WASHINGTON, D.C.---THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT randomly SELECTED HEAD START PROGRAMS ACROSS THE COUNTRY:

- o PROGRAM DIRECTORS
- o CENTER DIRECTORS AND
- o TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATTE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOURSELF AND YOUR CLASS.

BEFORE I START THE INTERVIEW, I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTNCE IN THIS STUDY.

TIME STARTED____ AM
PM

SECTION A: BACKGROUND CHARACTERISTICS

1. Do you now or have you ever had a child in Head Start?

   yes. 01
   no . . . . . 02 (GO TO Q.3)

2. Did you begin working with Head Start as a result of your experience with Head Start as a parent?

   yes. 01
   no 02

3. What is your date of birth? ____/____/____
   MONTH/ DAY/YEAR

4. What is the highest grade you completed in school?

grade school	1	2	3	4	5	6	7	8
high school	9	10	11	12				
college	13	14	15	16				
graduate school	17+ (IF SOME GRADUATE WORK, PROBE TO FIND OUT IF TEACHER COMPLETED A YEAR OR MORE.)							

(IF HIGH SCHOOL GRADUATE OR GREATER, GO TO Q.5, OTHERWISE GO TO Q.6)

5. What is the highest degree you have received?

   high school 01
   GED 02
   CDA Certificate 03
   Associate Degree (two year degree) . . .04
   Bachelor's Degree (four year degree). . .05
   Master's Degree 06
   Ph.D. 07
   other (SPECIFY)_____

   — What was your major?
   1. _____
   2. _____

6. Do you have a CDA (Child Development Associate) Certificate?

   yes 01
   no . . . . . 02 (GO TO Q.8)

7. In what year were you certified? _____ (GO TO Q.10)
year

8. Are you working on a CDA Certificate?

yes 01
no . . . . . 02 (GO TO Q.10)

9. In what year do you expect to be certified? _____
year

10. Are you currently enrolled in a formal education program which will lead to a degree or diploma?

yes. 01
no . . . . . 02 (GO TO Q.14)

11. What is your major field or area of interest?

_____

12. What diploma or degree do you expect to earn?

high school. 01
GED. 02
CDA Certificate. 03
Associate Degree (two year degree). 04
Bachelor Degree (four year degree) . 05
Master's Degree. 06
Ph.D. 07
other (SPECIFY)_____

13. When do you expect to receive this degree or diploma?

_____/_____ (GO TO Q.17)
month/ year

14. Do you plan to enroll in a formal education program in the future which will lead to a degree or diploma?

yes. 01
no . . . . . 02 (GO TO Q.17)

15. What degree or diploma do you expect to earn?

high school 01
GED 02
CDA Certificate 03
Associate Degree (two year degree) . . 04
Bachelor Degree (four year degree) . . 05
Master's Degree 06
Ph.D. 07
other (SPECIFY)_____

6

16. In what field or specialty are you interested?

_____

17. Which languages do you speak in your Head Start class?

CIRCLE ALL THAT APPLY

English. 01
Spanish. 02
American Indian Language 03
Oriental/Pacific Island. 04
other (SPECIFY) _____

SECTION B: WORK EXPERIENCE

18. When did you start to work at this Head Start program either as a volunteer or a paid employee?

_____ / _____
month / year

19. Are you currently working as a full-time employee at Head Start?

yes. 01
no 02

20. What is your present job title (or job titles if you have more than one) and approximately how many months have you had this job(s)?

JOB TITLES	APROXIMATELY HOW MANY MONTHS HAVE YOU HAD THIS JOB?	WHAT IS THE TITLE OF THE PERSON WHO SUPERVISES YOU IN THIS JOB?	HOW MANY PEOPLE DO YOU SUPERVISE IN THIS JOB? (IF ZERO, ENTER 0)
01 Director (Program, Head Start)			
02 Head teacher			
03 Teacher			
04 Teacher's Aide			
05 Education/Curriculum Coordinator			
06 Health Coordinator			
07 Parent Coordinator			
08 Health Aide			
09 Nutritionist			
other (SPECIFY)			
1.			
2.			

(IF MORE THAN ONE JOB IS GIVEN, ASK Q. 21, 22, & 23; OTHERWISE, GO TO Q.24.)

21. Are any of the jobs you mentioned temporary?

yes. 01
no . . . . . .02 (GO TO Q. 23)

22. Which job is temporary? (ENTER TITLE)
1. _____
2. _____

D

23. Which of the above jobs do you consider your primary job?

_____primary job

24. Have you had any other jobs in this program?

yes. 01
no . . . . . 02 (GO TO Q.26)

25. What was the title of the other job(s)?

(CIRCLE ALL THAT APPLY)

director (Head Start, Program). 01
head teacher. 02
teacher 03
teacher's aide. 04
education/curriculum coordinator. 05
health coordinator. 06
parent coordinator. 07
health aide 08
nutritionist. 09
other (SPECIFY)
1._____
2._____
3._____

26. We would like to find out about the related work experience you have had. I will read you a list of organizations and you tell me how many months of work experience you have had with the organization either as a paid employee or as a volunteer: for example, you have been working at this program since _____/_____ (SEE Q.18) so that would be about _____months and your job title is teacher.

	Have you ever worked at: Organization	No	Yes	What was your job title?	About how many months did you work there?
A.	any other Head Start	.02	01	_____	_____
B.	preschool other than Head Start.	.02	01	_____	_____
C.	kindergarten	.02	01	_____	_____
D.	grades one through three . . .	.02	01	_____	_____
E.	grades four through six. . . .	.02	01	_____	_____
F.	secondary school	.02	01	_____	_____
G.	any other related jobs . . . . (SPECIFY)	.02	01		
	1._____			_____	_____
	2._____			_____	_____
	3._____			_____	_____

27. What are your working hours at Head Start?

Monday. . . . . ._____:_____ to ____:____
Tuesday . . . . . ._____:_____ to ____:____
Wednesday . . . . ._____:_____ to ____:____
Thursday. . . . . ._____:_____ to ____:____
Friday. . . . . ._____:_____ to ____:____

SECTION C: SCHEDULING

Let's talk about your schedule for a few minutes. You have told me about your working hours, now I'd like to find out about how you accomplish all that you must do within those hours. I'd like to begin by asking you to tell me what kinds of things you do on a typical day.

o **What time do you arrive?**
(INTERVIEWER: BEGIN CODING ON THE MATRIX AT THIS TIME. PROMPT THE TEACHER TO GIVE YOU HER ENTIRE SCHEDULE FOR A TYPICAL DAY.)

The matrix uses these categories

Teacher Directed Instructions - Activities in which the teacher is demonstrating to the children, asking them questions or describing something to them. This includes times such as 'circle time', 'small group time', etc. ASK THE TEACHER WHAT SHE IS DOING DURING PARTICULAR TIME IF YOU ARE UNCLEAR THAT THEY ARE TEACHER DIRECTED TIMES.

Child Selected - Activity times when the children are free to choose materials or toys to play with. This includes 'free play', 'outdoor play time', etc. During these times, the teacher is not directly interacting with the children other than to direct them to choose an activity. She is not demonstrating, asking, questions, reading to them, etc.

Caregiving - toiletig, dressing, undressing, brushing teeth, taking care of the room, setting up, etc.

Feeding - breakfast, lunch, snacks.

Nap - nap time.

Planning time - Time the teacher sets aside for writing or preparing her lesson plans.

FOR EACH 15 MINUTE PERIOD, CHECK AN APPROPRIATE RESPONSE. IN SOME CASES, THERE MAY BE TWO CHECKS, FOR EXAMPLE, "PLANNING" AND "NAP TIME", THE TEACHER MAY WRITE HER LESSON PLANS WHILE THE CHILDREN NAP, OR THE TEACHER MAY BE WORKING INDIVIDUALLY WITH CHILDREN WHILE THE OTHERS ARE IN CHILD-SELECTED ACTIVITIES; THEREFORE BOTH TEACHER DIRECTED AND CHILD SELECTED ARE CHECKED.

o **How do other days differ?**

time	activity	teacher directed	child selected	care-giving	feed-ing	plan-ning	na
7:00-7:15							
7:15-7:30							
7:30-7:45							
7:45-8:00							
8:00-8:15							
8:15-8:30							
8:30-8:45							
8:45-9:00							
9:00-9:15							
9:15-9:30							
9:30-9:45							
9:45-10:00							
10:00-10:15							
10:15-10:30							
10:30-10:45							
10:45-11:00							
11:00-11:15							
11:15-11:30							
11:30-11:45							
11:45-12:00							
12:00-12:15							
12:15-12:30							
12:30-12:45							
12:45-1:00							
1:00-1:15							
1:15-1:30							
1:30-1:45							
1:45-2:00							
2:00-2:15							
2:15-2:30							
2:30-2:45							
2:45-3:00							
3:00-3:15							
3:15-3:30							
3:30-3:45							
3:45-4:00							
4:00-4:15							
4:15-4:30							
4:30-4:45							
4:45-5:00							
5:00-5:15							
5:15-5:30							
5:30-5:45							
5:45-6:00							
TOTAL TIME							

28. There may be a number of activities that you perform in your job that do not occur on this weekly schedule. I'd like to ask some specific questions about these things.

In the last month, about how many hours did you spend in the following activities:	o	Do you have a regularly scheduled time for this activity? yes	no
Talking with parents individually at the center? . . . . . _____ HOURS		01	02
Attending parent meetings? . . . . . _____ HOURS		01	02
Talking with other staff about individual parents or children? . . . _____ HOURS		01	02
Meeting with program coordinators in a group setting? (e.g, Education coordinator) . . . . . _____ HOURS		01	02
Talking with program coordinators individually? . . . . . _____ HOURS		01	02
Providing social services, for example, making phone calls for referrals to a social service agency? . . . . . _____ HOURS		01	02
Providing health services, for example, assisting parents to get medical or dental services for their child? . . . . . _____ HOURS		01	02
Driving children or parents to Head Start or to Head Start activities? . . . . . _____ HOURS		01	02
Giving training in a group setting? . . . . . _____ HOURS		01	02
Giving training in a one-to-one situation? . . . . . _____ HOURS		01	02
Performing administrative tasks or paperwork? . . . . . _____ HOURS		01	02
Making home visits? . . . . . _____ HOURS		01	02

SECTION D: HOME VISITS

Now I would like to ask you a few questions about home visits, your classroom activities and your Head Start training.

29. How often do you visit each of your Head Start families?

never . . . . . .01 (GO TO Q.33)
weekly. 02
every two weeks .03
monthly 04
every two months.05
less than every
two months. . .06

30. What is the major purpose of the home visits that you make?

(HAND TEACHER THE RESPONSE SHEET)

To become acquainted with the parents. 01
To obtain an understanding of the child's home situation 02
To tell the parents how their child is doing in class 03
To teach the parents how to work with the child at home 04
To help the parents obtain social or medical services. 05
Other (SPECIFY)1._____
2._____

31. About how often do you leave books or educational materials with the parents?

never. . . . . 01 (GO TO Q.[illegible])
every visit. 02
every other visit. 03
not that often 04

32. Do you explain to parents how they can use these books or materials at home to help their child learn?

yes. 01
no 02

SECTION E: TRAINING

Now I would like to ask you a few questions about preservice training and inservice training provided by Head Start. Let's begin with the preservice training. (The training which took place before the center was open to children.)

33. Have you attended any preservice training sessions this school year?

yes. 01
no . . . . . .02 (GO TO Q.40)

34. For this school year, how many days total have you spent in preservice training?

_____ total number of days

35. You told me you have attended _____days of preservice training. About how many total hours would you say this involved?.

_____ total number of hours

(ENTER IN Q.50)

36. In general, how satisfied are you with the preservice training sessions you attended in regard to what was taught and how you were taught?

	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Satisfied
Regarding what was taught would you say you were	01	02	03	04
Regarding how you were taught would you say you were	01	02	03	04

Now that we've discussed preservice training, we would like some information on inservice training that you may have received during the last month.

37. Inservice training may take many forms, one of the forms is through staff training meetings or staff training days. In the past month, have you attended any inservice training sessions?

yes. 01
no . . . . . .02 (GO TO Q.41)

38. During the past month, how many inservice training sessions have you attended?

none. . . . . 00 (GO TO Q.40)
_____ number of sessions

39. About how many hours did you spend in these _____training sessions?

_____ number of hours

40. In general, how satisfied are you with the inservice training sessions you attended in regard to what was taught and how you were taught?

	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Satisfied
Regarding what was taught would you say you were	01	02	03	04
Regarding how you were taught would you say you were	01	02	03	04

41. Here are descriptions of five classes which tell you how each of these teachers teaches. I would like you to read these descriptions and tell me which one sounds most like your own style of teaching. Please take your time while I finish coding some of the information you have already given me.

class 1. 01
class 2. 02
class 3. 03
class 4. 04
class 5. 05
none of tht above. . .06

42. Teachers may emphasize different things in their teaching. Please rank each of the following areas as to which ones you emphasize in your own teaching.

(RANK THEM WITH 1 BEING THE MOST EMPHASIZED AND 7 BEING THE LEAST EMPHASIZED.)

sensory motor development. . . . . .____
language development . . . . . .____
group and social skills development. . . . .____
concept development. . . . . .____
academic skills development. . . . . .____
self-esteem development. . . . . .____
motivational development . . . . . .____

(THIS WILL BE ON A SEPARATE SHEET TO BE HANDED TO TEACHERS.)

Classroom 1: Mrs. Green

Mrs. Green's class is very open. The activities she uses with her children are determined by what she sees the children need. She does not use any preplanned sequenced activities, because she wants to concentrate on the "whole child" and his needs. This means that her teaching is directed toward intellectual, language, sensorimotor and socio-emotional development at the same time that she is trying to help the children develop a sense of well-being. She uses no written set of behavioral objectives, because the focus of her classroom changes day by day with what she sees the children need on any particular day.

Classroom 2: Mrs. Jones

Mrs. Jones plans learning activities which are designed to reach specific goals for the children. Mrs. Jones writes these specific goals by assessing the strengths and weaknesses of individual children in her class. She develops and follows a daily plan. She works hard on developing language skills, motor skills, reasoning skills, and social skills. Mrs. Jones selects and organizes the activities within a somewhat structured setting. The materials she uses are often developmentally sequenced and offer guidelines for her teaching.

Classroom 3: Mr. Smith

Mr. Smith has a very structured classroom. He believes that the children in his class will never get anywhere unless they learn the basic rules and concepts involved in language, arithmetic, and reading. He does not work directly on social positive self-concepts when they experience success in learning language, arithmetic and reading. He closely supervises each child in the class. He feels that given the small amount of time he has with the children, it is better for them to study academic skills rather than spend their time playing. He directs all of the learning activities and the children participate in prescribed ways.

Classroom 4: Ms. Johnson

Ms. Johnson's classroom is full of self-instructing materials that are designed so that the children can use them alone. The children are free to choose the materials they want to work with and to pace their own rate of learning. Ms. Johnson has no preplanned activities, but rather has planned her classroom in such a way that the materials do the teaching as the child plays with them. Ms. Johnson has a moderate level of structure in her class. She wants the children to learn rather than learn some specific content.

Classroom 5: Ms. Washington

Ms. Washington uses many activities and materials which she feels will improve cognitive or intellectual development. She is expecially interested in having the children develop abilities in classification, seriation, number, measurement, and space. The children in Ms. Washington's class participate in many well planned activities which are designed to stimulate mental activity. Ms. Washington designs lessons which require the children to manipulate both physically and mentally concrete materials and facts. These learning situations are set up to get reasoning repsonses from the child. Ms. Washington then responds to the child's reasoning, asking for explanation of the child's answers and guiding his use of the materials. The tasks are structured to encourage children to apply reasoning processes to a variety of situations rather than just learning rote answers.

43. Now that you have told me about your teaching style or approach in the classroom I would like to find out about some of the materials, resources or curriculum guides you might use.

What are the primary resource materials, curriculum guides or kits you use to develop and plan your curriculum?

CIRCLE ALL THAT APPLY

Uses own Curriculum. 01
Early Childhood Discovery Materials (Bank Street College). 02
An Activities Handbook for Teachers of Young Children (Croft and Hess). 03
The New Nursey School (Nimnicht) 04
Early Childhood Curriculum: Piaget Program (Weikart). . . 05
Cognitively Oriented Curriculum (Weikart). 06
Inquisitive Games: Discovering How to Learn 07
Inquisitive Games: Exploring Number and Space 08
GOAL: Language Development (Karnes) 09
GOAL: Math (Karnes) 10
Peabody Language Development Kit 11
PEEK Kit 12
Frosting Perceptual Motor Program. 13
Learning to Think (Thurstone). 14
Learning Accomplishment Profile LAP (Sanford). 15
Portage Project. 16
Memphis Program. 17
DISTAR: Language. 18
DISTAR: Reading 19
DISTAR: Math. 20
Alpha Time 21
Readiness Programs 22
Other (SPECIFY)

1. _____
2. _____
3. _____
4. _____

44. Do you decide which teaching approach and materials to use or do you receive assistance from someone else?

teacher decides alone. . . . . .01 (GO TO Q.46)
teacher has assistance 02

* 45. Who else is involved in this decision?

CIRCLE ALL THAT APPLY

director (Program, Head Start). 01
education coordinator 02
head teachers 03
teachers. 04
aides 05
parents 06
public school staff 07
other (SPECIFY) 1._____
2._____
3._____

46. About how much time during the day does someone read to the children? (IF 0 ENTER 0)

_____minutes

47. When you are working on the individual needs of a child, which one of the following activities do you do most often? (HAND TEACHER RESPONSE SHEET)

Do you:
join the child and work on the activity he is already engaged in? 01
take the child aside and work on a particular activity or skill in which he needs help?. 02
provide the child with individual materials or procedures that he can use within the large group activities? 03
group children into small groups all of whom need the same kind of help?. 04

48. At the beginning of the school year, how do you find out about the developmental levels of each child in your class?

CIRCLE ALL THAT APPLY

informal observation. 01
discussion with parents 02
discussion with program staff 03
look at child's records 04
administer criterion referenced checklist 05
refer for testing 06
administer diagnostic measures. 07
informal assessment devices 08

(IF RESPONSE 07 OR 08 IS CIRCLED, GO TO Q.49; OTHERWISE GO TO Q.50.)

49. **Which diagnostic measures do you use?**

CIRCLE ALL THAT APPLY

Denver Developmental Screening Test (DDST). 01
Peabody Picture Vocabulary Test (PPVT). 02
Learning Accomplishment Profile (LAP) 03
Portage Guide to Early Education 04
Santa Clara Inventory of Development (ICD). 05
School Before Six. 06
other (SPECIFY)
1._____
2._____
3._____

50. **During the year, do you also assess the children's developmental progress?**

yes. 01
no . . . . . .02 (GO TO Q.53)

51. **What instruments do you use to assess the children's developmental progress?**

	CIRCLE ALL THAT APPLY	daily	at least weekly	at least monthly	2 times/ year
01	Denver Developmental Screening Test (DDST)	01	02	03	04
02	Peabody Picture Vocabulary Test (PPVT)	01	02	03	04
03	Learning Accomplishment Profile (LAP)	01	02	03	04
04	Portage Guide to Early Education	01	02	03	04
05	Santa Clara Inventory of Development (IOD)	01	02	03	04
06	School Before Six	01	02	03	04
	other (SPECIFY)				
	1._____	01	02	03	04
	2._____	01	02	03	04
	3._____	01	02	03	04

(FOR ANY OF THE RESPONSES WHICH ARE CIRCLED IN Q. 51, ASK Q. 52.)

52. **How often do you usually use this instrument?**

(CIRCLE THE APPROPRIATE RESPONSE CATEGORY IN Q. 51.)

SECTION F: ATTITUDES

53. I am going to read some statements to you that other teachers have made. I would like you to tell me if you strongly agree, agree mildly, are not sure, disagree mildly or strongly disagree with each of them. There is no right or wrong answer. We'd just like to know how you feel. Here are a list of statements which teachers might make. Please read them and indicate if you:

			(CIRCLE ONE CODE PER LINE)		
	strongly disagree	mildly disagree	not sure/ uncertain	mildly agree	strongly agree
A. There is little parents should do about preschool practices and policies	01	02	03	04	05
B. Parents are eager to hear my ideas about how to work with their children	01	02	03	04	05
C. Once a child is in the preschool, it is the preschool's responsibility for his/her education	01	02	03	04	05
D. No matter how well educated a parent is, he doesn't know enough about teaching young children to be able to give a teacher advice	01	02	03	04	05
E. What a parent teaches her child at home is very important to his/her success	01	02	03	04	05
F. Parents cannot do much to change what happens at Head Start	01	02	03	04	05
G. Parents want me to tell them how to help their children	01	02	03	04	05
H. It is not up to parents to teach the children once they are in Head Start	01	02	03	04	05

	strongly disagree	mildly disagree	not sure/ uncertain	mildly agree	strongly agree
I. Since parents lack special training in education, they should not question the teacher's teaching methods	01	02	03	04	05
J. Parents can teach children many things that will help them in Head Start	01	02	03	04	05
K. Parents cannot have a meaningful effect on Head Start	01	02	03	04	05
L. Parents want me to help them do a better job of teaching their children at home	01	02	03	04	05
M. Once a child is in school there is little a parent can do at home to help educate him/her	01	02	03	04	05
N. Because of all a teacher's training and experience, parents should not try to tell her how to teach	01	02	03	04	05
O. A parent's help and interest at home are absolutely necessary for a child to succeed in school	01	02	03	04	05
P. Parents should not interfere since teachers know more about what children should be taught	01	02	03	04	09

This concludes our interview. I would like to take this time and opportunity to thank you for your time and cooperation.

TIME FINISHED____ AM
PM

All numbers will change

PROGRAM DESCRIPTION INTERVIEW

Spring, 1979

___ ___ ___ ___

___ ___ ___ ___

FORM # HS (1) BES (2) SITE # CENTER # ___

INTERVIEWER NAME_____

DATE OF INTERVIEW____/____/____

MO. DAY YR.

SITE NAME_____

CENTER NAME_____

TIME STARTED _____ AM / PM

SECTION I. PROGRAM BACKGROUND DATA.

PROGRAM NAME _____

ADDRESS _____
STREET NUMBER STREET NAME

_____
CITY STATE ZIP

PHONE NUMBER ( ) _____
AREA CODE TELEPHONE # EXTENSION

PROGRAM DIRECTOR
OR RESPONDENT _____
JOB TITLE (~~DR., MS., MR., ETC.~~)

Mr.
Ms.
Mrs.
Dr.

_____
FIRST NAME MI LAST NAME

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES IN WASHINGTON, D.C.--THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT randomly SELECTED HEAD START PROGRAMS ACROSS THE COUNTRY:

- o PROGRAM DIRECTORS
- o CENTER DIRECTORS AND
- o TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATTE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOURSELF AND YOUR CLASS.

BEFORE I START THE INTERVIEW, I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTNCE IN THIS STUDY.

5. How Many On Your Staff Are: (IF 0 ENTER 0) (PIR-9)

	TOTAL
CDA Credentialed Paid By ACYF.	____
With B.A. In Early Childhood Paid By ACYF	____
Head Start Parents Paid by ACYF. . . .	____
Volunteers (PIR 11-A).	____

6. Full Day Programs (If 0 enter 0.) (PIR-14)

	TOTAL
Total Number Of Centers Operated.	____
Total Number Of Classrooms.	____
Total Number Of Days Of Operation For This Program Year	____
Total Number Of Hours Of Classroom Operation Per day.	____

7. Part Day Programs (If 0 enter 0.)

	TOTAL
Total Number Of Centers Operated.	____
Total Number Of Classrooms.	____
Total Number Of Days Of Operation For This Program Year:	
Standard H.S. Model.	____
Variation In Attendance.	____
Double Session	____
Home Based	____
Locally Designed Options	____
Total Number Of Hours Of Classroom Operation Per Day.	____

8. Enrollment (ENTER TOTAL NUMBER IF 0 ENTER 0) (PIR-15)

	TOTAL
Planned Enrollment.	____
Actual Enrollment	____
Total Number Above Poverty Level	____
Total Number Below Poverty Level	____
Total Number Of Drop-Outs	____

INFORMATION OBTAINED FROM THE

SECTION II: PROGRESS INFORMATION REPORT (PIR)

(PROGRAM DESCRIPTION INTERVIEW)

~~This is background information we have collected from your most recent PROGRAM INFORMATION REPORT (P.I.R.). Would you glance at it and tell me if this information is still accurate?~~

1. Type of Grantee (where appropriate)

→ SAME ITEMS

2. Type of delegate agency: (PIR-4) (where appropriate)

City	01
Local Community Action Agency	02
School System	03
Institute Of Higher Learning (College, University)	04
Private Non-profit Organization	05
Other (SPECIFY)_____	06

3. Area Served: (PIR-4)

City	01
County	02
City/County	03
Multi-County	04

4. Type Of Programs Offered: (PIR-5)

Part Day	01
Full Day	02

5. Staff:
Ethnicity
(ENTER TOTAL NUMBER IF 0 ENTER 0)
(PIR-8)

	TOTAL	BE
White (Not of Hispanic Origin)	____	
Black (Not of Hispanic Origin)	____	
Hispanic	____	
Asian/Pacific Islander	____	
American Indian/Native Alaskan	____	
Other (SPECIFY)		
1. _____	____	
2. _____	____	
3. _____	____	
Total Number Of CIP Paid Staff	____	

9. **Ethnic Composition Of Children Served:**
(ENTER TOTAL NUMBER
IF 0 ENTER 0)
(PIR-15 B3)

	TOTAL	BES
White . (Not of Hispanic Origin) . . .	____	____
Black . (Not of Hispanic Origin) . .	____	____
Hispanic.	____	____
Asian/Pacific Islander.	____	____
American Indian/Alaskan Native. . .	____	____
Other (SPECIFY)		____
1. _____ . . .	____	
2. _____ . . .	____	

10. **Age Composition: Number Of**
(IF 0 ENTER 0)
(PIR-15 B4)

	TOTAL	
3 Year Olds And Younger	____	____
4 Year Olds	____	____
5 Year Olds	____	____
6 Year Olds	____	____

SECTION III: STAFFING AND CENTER DATA

11. In addition to this information we have acquired from the P.I.R., there are a few more questions we would like to ask about your program.

Would you please complete the chart on the next page for all key staff who report to the Program Director rather than to a Center Director. (i.e., If a staff member is responsible to the program rather than to a particular center.

Please begin the chart with the Program Director.

Do not include: Accountants
Secretary
Bookkeeper
Cook
Bus driver
Consultant

Employment Status. . .CIRCLE APPROPRIATE CODE

Ethnicity. . . . . .CIRCLE APPROPRIATE CODE

White, Not Of Hispanic Origin.W
Black, Not Of Hispanic Origin.B
Hispanic . . . . . .H
Pacific Islander . . . . . .PI
American Indian. . . . . .AI
Other. . . . . .O

Degree . . . . . .CIRCLE APPROPRIATE CODE

Less Than High School. . . . LH
High School. . . . . HS
Associate Degree (2 Yrs.). . AD
Bachelors Degree (4 Yrs.). . BA
Masters Degree . . . . . MA
PHD. . . . . PH

ENTER Subject/Major.

Subject-Major. . . . . .Written Entry

CDA Status. . . . . .CIRCLE APPROPRIATE CODE

Length Of Time In This Position . . . .Enter Years And Months

Physical Location Of Office . . . . . .CIRCLE APPROPRIATE CODE

Delegate/Program Office. . . . D
Center Office. C
Other Office . . . . . O

Language Spoken Other Than English. . . . .CIRCLE ALL THAT APPLY

Spanish. . . . . S
American Indian. . . . . AI
Asian. . . . . A
European . . . . . E
Other. . . . . O

	(PRINT) Name	(PRINT) Title	Employment Status Circle One				Personal Info		Education		CDA Status		Length of time in this position	Physical location of office	Language spoken other than English
			full time	part time	volun-teer	CETA/ WIN	ethni-city	sex	high-est degree	subject major attain-ed	cur-rently enroll-ed				
11.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
12.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
13.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
14.			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
15.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
16.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
17.			01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
18.			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
19.			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O
20.			01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH SC		01	02	____yrs. ____mos.	D C O	S AI A E O

SECTION IV: PROGRAM ADMISSIONS Respondent Title:_____

* 14. How do parents most often find out about your program? Do you use any of the following methods?

	NO	YES
Door-To-Door Recruitment Campaign.	02	01
Posters In Housing Projects, Grocery Stores, Community Centers, Etc.	02	01
Radio, Or Newspaper Ads.	02	01
Word-Of-Mouth.	02	01
Older Children Were In Head Start.	02	01

Other (SPECIFY)
1._____
2._____
3._____

* 15. If you are unable to serve all the families who sign up for Head Start, how do you decide whom to serve?

We have always been able to accept all that apply. 01 (GO TO Q.16)

	NO	YES	RANK
By:Lowest Income First.	02	01	___
First Come-First Served.	02	01	___
Handicapped.	02	01	___
Older Head Start Siblings.	02	01	___
Other (specify)			
1._____			___

* 16. Please rank these _____ in order of importance with 1 Being the most important.
(total number)
(circled yes above) ___

(INTERVIEWER: READ EACH CIRCLED CATEGORY AND HAVE RESPONDENT RANK. IF ONLY 1 CATEGORY CIRCLED, ENTER 1 AND GO TO Q.16.)

* 17. Who is involved in setting admissions policy?

CIRCLE ALL THAT APPLY

agency has a policy we follow. 01
Program Director 02
Center Director. 03
Teacher. 04
Coordinators 05
Parent Advisory Committee. 06
other (SPECIFY)
1._____

* 18. Most communities offer several different arrangements for providing education to 5 year olds in their area. (Kindergartens, Day Care, etc.) What provisions are available for the education of 5 year olds in your area?

	YES	NO
Mandatory Public Kindergarten.	01	02
Optional Public Kindergarten	01	02
Private Kindergarten	01	02
Public Day Care.	01	02
Private Day Care	01	02
Continue In Head Start	01	02

Other (SPECIFY)

1. _____ . .

SECTION V: TRAINING

Respondent Title: _____

The next questions concern preservice and inservice training.

20. Did you offer preservice training sessions to your staff this school year?

yes. 01
no . . . . . 02 (GO TO Q.40)

21. How many total days of preservice training did your staff have?

_____ days

22. For the _____ days of training about how many hours in all did this include?

_____ total hours

23. How many of the following persons participated in most of the preservice training sessions? (IF 0, ENTER 00.)

Head Start Teachers. . . . . _____
Paid Classroom Aides . . . . . _____
Volunteer Classroom Aides. . . . . _____
Program Administrators . . . . . _____
Program Coordinators . . . . . _____
Parents. . . . . _____
Public School Teachers . . . . . _____
other (SPECIFY)
1. _____ . . _____
2. _____ . . _____
3. _____ . . _____

24. Now I would like to find out about how the training sessions were conducted and what subject matter and topics were discussed.

How were the preservice training sessions conducted?	No	Yes
A. Lectures.	.02	01
B. Preparation of Classroom Materials	.02	01
C. Group Discussions	.02	01
D. One To One Supervisor To Teacher Training.	.02	01
E. other (SPECIFY) 1._____ 2._____		

Were the following topics or areas discussed?

F. Problems regarding individual children or families.	.02	01
G. Staff or center problems. . . .	.02	01
H. Administrative methods.	.02	01
I. Planning classroom activities .	.02	01
J. Completing administrative paperwork	.02	01
K. Health issues	.02	01
L. Parent involvement.	.02	01
M. General program operations. . .	.02	01
N. Service to the handicapped. . .	.02	01
O. Social Service.	.02	01
P. Bilingual/Bicultural training	.02	01
Q. Teaching methods.	.02	01

What topics were discussed?
1._____
2._____
3._____

R. Teaching materials. 02 01

What kind of teaching materials?
1._____
2._____
3._____

S. Classroom activities. 02 01

What kind of classroom activities?
1._____
2._____
3._____

FOR BES ONLY	T. BES Guidelines	02	01.....
		NOT BES . .	03

25. Now that we've discussed preservice training, we would like some information on inservice training which might take place in your program.

Inservice training may take many forms. One of the forms is through staff training meetings or staff training days. Do you set aside a time to meet regularly for training?

yes. 01
no 02

26. In the past month, how many inservice training sessions have you held? (IF ZERO ENTER 00). (GO TO Q.30)

_____ number of training sessions

27. Altogether about how many hours did the _____ (number of training sessions) inservice training sessions last?

_____ number of hours

28. In the past month who attended these inservice training sessions?

	yes	no
Teachers.	01	02
Paid aides.	01	02
Volunteer aides	01	02
Program administrators.	01	02
Program coordinators.	01	02
Parents	01	02
Public school staff	01	02

other (SPECIFY)

1. _____
2. _____

29. Now I would like to find out about how the inservice training sessions were conducted and what subject matter and topics were discussed.

How were the inservice training sessions conducted?	No	Yes
A. Lectures.	.02	01
B. Preparation of Classroom Materials	.02	01
C. Group Discussions	.02	01
D. One To One Supervisor To Teacher Training.	.02	01
E. other (SPECIFY) 1._____ 2._____		

Were the following topics or areas discussed?

F. Problems regarding individual children or families.	.02	01
G. Staff or center problems. . . .	.02	01
H. Administrative methods.	.02	01
I. Planning classroom activities .	.02	01
J. Completing administrative paperwork	.02	01
K. Health issues	.02	01
L. Parent involvement.	.02	01
M. General program operations. . .	.02	01
N. Service to the handicapped. . .	.02	01
O. Social Service.	.02	01
P. Bilingual/Bicultural training .	.02	01
Q. Teaching methods.	.02	01

What topics were discussed?
1._____
2._____
3._____

R. Teaching materials.	.02	01

What kind of teaching materials?
1._____
2._____
3._____

S. Classroom activities.	.02	01

What kind of classroom activities?
1._____
2._____
3._____

FOR BES ONLY	T. BES Guidelines	.02	01
	NOT BES . .		03

SECTION VI PARENT INVOLVEMENT

30. Does your program conduct workshops or classes especially for parents?

yes. 01
no . . . . . 02 (GO TO Q.37)

31. Was a workshop or class held within the last month?

yes. 01
no . . . . . 02 (GO TO Q.36)

32. How many sessions have you held in the last month?

_____ number of sessions

33. About how many total hours would you say this involved?

_____ total hours

34. In the past month, how many parents from ____(Center Name)_____ attended these sessions?

_____ number of parents

35. Now I would like to ask you a few questions about the parent training sessions that have been held this year.

How were the parent training sessions conducted?	No	Yes
a. Lectures.	02	01
b. Preparation of Materials For Parents To Use With The Child.	02	01
c. Group Discussions	02	01
d. One To One Staff To Parent Training	02	01
e. other (SPECIFY) 1._____		

What subject areas and topics were discussed?

f. Emotional Development	02	01
g. Cognitive/Intellectual Development	02	01
h. Teaching Activities For The Homes	02	01
i. Language Development.	02	01
j. Physical Development.	02	01
k. Health And Health Care.	02	01
l. Nutrition	02	01
m. Handicapping Conditions	02	01
n. Community Involvement	02	01
(BES ONLY) o. BES Guidlines.....	02	01 03 (NOT BES)

p. other(SPECIFY)

1._____ . .
2._____ . .
3._____ . .

36. How are parents informed about the training sessions?

Circle all that apply

Parents Request Sessions. 01
Announcements Posted At The Center. 02
Notes Sent To Parents 03
Parents Called. 04
Parents Told When They Pick Up Or Bring Children. 05
other (SPECIFY)

1. _____
2. _____
3. _____

37. How often does the parent policy council meet?

weekly. 01
every other week. 02
monthly 03
every other month 04
other (SPECIFY) _____ . . 05

* 38. How many parents attended the last parent policy council meeting?

_____ number of parents

*39. Who else, besides parents, attends the policy council meetings?

	yes	no
Teachers	.01	02
Director	.01	02
Parent Coordinator	.01	02
other (SPECIFY)		
1. _____ . .		
2. _____ . .		
3. _____ . .		

* 40. What are the roles of these other people in the meetings?

Do They:	yes	no
Conduct the meetings	.01	02
Serve As Advisors.	.01	02
Serve As Committee Members	.01	02
Observe.	.01	02
other (SPECIFY) _____ .		

* 41. Does the parent policy council make decisions on the following issues?

	yes	no
Services Or Activities For Parents	.01	02
Services Or Activities For Children. . . .	.01	02
Curriculum	.01	02
Budget	.01	02
Staff Issues (e.g. Hiring/Firing).	.01	02
other (SPECIFY)		
1. _____		
2. _____		
3. _____		

42. Do you have a "lending library" that parents can visit to get ideas or borrow materials to use at home?

yes. 01
no . . . . . 02 (GO TO Q.46)

43. How many of your parents make use of the library each week?

_____ number of parents

44. How many of your _____ parents ever make use of the library?

_____ number of parents

45. What kinds of materials are available in your lending library?

	yes	no
Books On Parenting Skills.	01	02
Children's Books	01	02
Cookbooks.	01	02
Manipulative Materials, Such As Blocks, Tinkertoys, Etc.	01	02
Filmstrips, Projectors	01	02
Records, Record Players.	01	02
Educational Kits	01	02

other (SPECIFY)

1. _____
2. _____
3. _____

46. Have you developed methods to encourage parents to work at home with their children in teaching basic skills?

yes. 01
no . . . . . 02 (GO TO Q 97. HS SITES: STOP. THANK DIRECTOR. ENTER TIME INTERVIEW COMPLETED.)

47. Please describe the methods.

_____
_____
_____

BES SITES (GO TO QUESTION 97)

TIME COMPLETED AM PM

BES ONLY 19. What arrangements did you have to make for entry into the schools in which your BES children will attend?

did not make arrangements . . . . . .01 (GO TO Q. 19A)

	YES	NO
Negotiations With School Boards.	01	02
Negotiations With Parents.	01	02
Transportation Arrangements.	01	02
Potential Reimbursement Of School Districts And/Or Schools.	01	02
Waivers Of School District Policies.	01	02
Waivers Of Desegregation Requirements.	01	02
other (SPECIFY)		
1. _____ . .	01	02
2. _____ . .	01	02
3. _____ . .	01	02

BES 19a. What schools will your BES children enter after completing your program? Please tell me the names, locations and approximate number of children from your program entering each in the fall.

School Name	City	State	About How Many Of Your Center's Children Will Enter This School In The Fall Of 1980
1.			
2.			
3.			
4.			
5.			
6.			

CENTER DESCRIPTION INTERVIEW

Spring, 1979

___ _ ___ ___

___ _ ___ ___ _

FORM # HS (1) BES (2) SITE # CENTER #

INTERVIEWER NAME_____

DATE OF INTERVIEW____/____/____

MO. DAY YR.

TIME STARTED _____ AM
PM

SECTION I. CENTER BACKGROUND DATA. Respondent Title: _____

CENTER NAME _____

ADDRESS _____
STREET NUMBER STREET NAME

_____
CITY STATE ZIP

PHONE NUMBER ( ) _____
AREA CODE TELEPHONE # EXTENSION

CENTER DIRECTOR
OR RESPONDENT _____
JOB TITLE ~~(DR., MS., MR., ETC.)~~

MR
MRS
MS
DR

_____
FIRST NAME MI LAST NAME

—

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES IN WASHINGTON, D.C.---THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT randomly SELECTED HEAD START PROGRAMS ACROSS THE COUNTRY:

- o PROGRAM DIRECTORS
- o CENTER DIRECTORS AND
- o TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATTE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOURSELF AND YOUR CLASS.

BEFORE I START THE INTERVIEW, I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTNCE IN THIS STUDY.

TIME STARTED _____ AM
PM

1. (INTERVIEWER: COMPLETE THIS QUESTION BY YOUR OWN OBSERVATION.)

PLEASE DESCRIBE THE GENERAL FACILITIES:

SCHOOL BUILDING 01
CHURCH 02
RECREATION CENTER 03
(SPECIFY)_____04

2. How would you describe the area served by your center?

city. 01
city/county . . 02
county. 03
multi-county. . 04

3. How far from the center do most of the children and parents live?

less than 2 miles. 01
2 - 5 miles. 02
more than 5 miles. 03

4. How are the children transported from home to center?

	YES	NO
walk.	01	02
parents drive	01	02
public transportation	01	02
program bus or transportation	01	02
other (SPECIFY) 1._____		
2._____		
3._____		

5. What type of program do you offer, that is, is it:

	YES	NO
full day? (4 or more hours).	.01	02
part day? (Less than 4 hours)	.01	02
home based?	.01	02
locally designed option?	.01	02
double session? (Different group of children in session in morning and in the afternoon)	.01	02

6. What is the total number of classes held at this center? (By class, we mean groups of children, not classrooms.)

_____total number of Head Start classes
_____total number of BES classes

7. Now I would like to ask you a few questions about each of the _____classes in your center. Let's begin by listing the classes by teacher name. If a teacher has more than one class (group of children) we will list the teacher's name twice, etc. Let's begin. . .

7A. Indicate if Head Start (HS) or BES (BES) class.

7B. Please give me the teacher's name for each class (group of children) in your center. (PRINT NAMES IN COLUMN B)

NOTE: COMPLETE QUESTIONS 7C THROUGH 7E BY TEACHER LINE. (ACROSS THE TABLE)

7C. What is the total number of children in (TEACHER NAME) class?

7D. At the beginning of the school year, how many of the children in this class were 3 year olds? 4 year olds? and 5 year olds?

7E. For each day of the week, what are the hours for the class? (IF CLASS IS NOT HELD ENTER AN X THROUGH THE CORRESPONDING BOX.)

HS/ BES	TEACHER'S NAME	TOTAL # OF CHILD-REN	TOTAL # OF CHILDREN (BY AGE GROUPS) 3-	4-	5-	TIME INTERVALS Mon.	Tues.	Wed.	Thurs.	Fri.
	1.					To	To	To	To	To
	2.					To	To	To	To	To
	3.					To	To	To	To	To
	4.					To	To	To	To	To
	5.					To	To	To	To	To
	6.					To	To	To	To	To
	7.					To	To	To	To	To
	8.					To	To	To	To	To
	9.					To	To	To	To	To
	10.					To	To	To	To	To
	11.					To	To	To	To	To
	12.					To	To	To	To	To
	13.					To	To	To	To	To
	14.					To	To	To	To	To
	15.					To	To	To	To	To
	16.					To	To	To	To	To
	17.					To	To	To	To	To
	18.					To	To	To	To	To
	19.					To	To	To	To	To
	20.					To	To	To	To	To

		HEAD START TOTAL	BES TOTAL
X 9.	What is your total enrollment now for the whole center?	____	____
X 10.	What is your average daily attendance for the whole center?	____	____
X 11.	For this school year, how many children have you had leave this center? (IF 0, ENTER 0)	____	____
X 12.	What is the ethnic composition of the children you serve? How many are: (IF 0, ENTER 0)		
	White (not of Hispanic origin).	____	____
	Black (not of Hispanic origin).	____	____
	Hispanic.	____	____
	Pacific Islander/Asian.	____	____
	American Indian/Native Alaskan.	____	____
	other (SPECIFY)		
	1. _____	____	____
	2. _____	____	____
	3. _____	____	____
X 13.	About how many children in your center cannot speak English fluently because they have another primary language?		
	_____number of children		
	(IF NONE ENTER 00)		
	(IF 00 GO TO Q.15)		
X 14.	Of these _____(NUMBER) children, how many speak the following languages as their primary language? (IF 0 ENTER 0)		
	Spanish	____	____
	American Indian Language.	____	____
	Asian Languages	____	____
	others (SPECIFY)		
	1._____	____	____
	2._____	____	____
	3._____	____	____
X 15.	How long has your center been a Head Start Center?		
	_____years _____months		

SECTION II. PROGRAM ADMISSIONS.

Respondent Title:_____

16. **Would you please complete the chart on the next page for all key staff in your center who report to the center director rather than to the delegate or grantee?**

(PLEASE START WITH THE RESPONDENT)

Employment Status. . .CIRCLE APPROPRIATE CODE

Ethnicity. . . . . .CIRCLE APPROPRIATE CODE

White, Not Of Hispanic Origin.W
Black, Not Of Hispanic Origin.B
Hispanic . . . . . .H
Pacific Islander . . . . . .PI
American Indian. . . . . .AI
Other. . . . . .O

Degree . . . . . .CIRCLE APPROPRIATE CODE

Less Than High School. . . . LH
High School. . . . . HS
Associate Degree (2 Yrs.). . AD
Bachelors Degree (4 Yrs.). . BA
Masters Degree . . . . . MA
PHD. . . . . PH

ENTER Subject/Major.

Subject-Major. . . . . .Written Entry

CDA Status. . . . . .CIRCLE APPROPRIATE CODE

Length Of Time In This Position . . . .Enter Years And Months

Physical Location Of Office . . . . . .CIRCLE APPROPRIATE CODE

Delegate/Program Office. . . . D
Center Office. C
Other Office . . . . . O

Language Spoken Other Than English. . . . .CIRCLE ALL THAT APPLY

Spanish. . . . . S
American Indian. . . . . AI
Asian. . . . . A
European . . . . . E
Other. . . . . O

THIS QUESTION WILL NOT BE RE-ADMINISTERED, BUT WILL BE UPDATED YEARLY.

(PRINT) Name	(PRINT) Title	Employment Status Circle One: full time	part time	volunteer	CETA/WIN	Personal Info: ethnicity (W B H PI AI O)	sex (M F)	Education: highest degree (LH HS AD BA MA PH)	subject major	CDA Status: attained (01 02)	currently enrolled (01 02)	length of time in this position	physical location of office (D C O)	language spoken other than English (S AI A E O)
1.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
2.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
3.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
4.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
5.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
6.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
7.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
8.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
9.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O
10.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA PH		01	02	___yrs. ___mos.	D C O	S AI A E O

17. Do any other people provide services to the center other than the staff you just described? (For example, a Speech Therapist, Physician, etc.)

yes. 01
no . . . . .02 (GO TO Q.20)

18. What kind of person provides these services?

CIRCLE ALL THAT APPLY	Private	School System	Grantee	Delegate	Other (Specify)	Specify
Speech Therapist. . . . . .01..	..01	02	03	04	05	
Physician . . . . . .02..	..01	02	03	04	05	
Dentist . . . . . .03..	..01	02	03	04	05	
Psychologist. . . . . .04..	..01	02	03	04	05	
Social Worker . . . . . .05..	..01	02	03	04	05	
Nurse . . . . . .06..	..01	02	03	04	05	
Occupational Therapist. . .07..	..01	02	03	04	05	
other (Specify)						
1._____.	..01	02	03	04	05	
2._____.	..01	02	03	04	05	

(FOR EACH CIRCLED RESPONSE ASK Q.19.)

19. Through which organization(s) is this person funded?

(CIRCLE APPROPRIATE FUNDING CODE IN Q. 18).

20. Communication between preschool programs and public schools takes place for many reasons. Which of the following do you discuss with public school officials?

almost no communication . . . . . .01 (GO TO Q.21)

	YES	NO
Funding	01	02
Staff Training.	01	02
Parent Involvement.	01	02
Curriculum.	01	02
Individual Children	01	02

other (SPECIFY)

1. _____
2. _____
3. _____

SECTION III: CONTINUITY WITH PUBLIC SCHOOLS

Respondent Title:_____

21. Which of the following do you share with the public schools in your area?

	YES	NO
use of buildings.	.01	02
use of offices	.01	02
use of administrative personnel (e.g., accountants, payroll)	.01	02
use of consultants from the school system .	.01	02
use of coordinators of programs in the schools	.01	02
use of transportation system.	.01	02
use of teachers	.01	02
use of supervisors.	.01	02

others (SPECIFY)

1._____
2._____

IF CODE 01 IS CIRCLED FOR TEACHERS OR SUPERVISORS, GO TO Q.22 OTHERWISE, GO TO Q.23

22. How often do you use their teachers and supervisors?

	daily	2-3 times a week	weekly	less than weekly
teachers.	01	02	03	04
supervisors . . .	01	02	03	04

23. What are the tasks or duties of these teachers and supervisors?

teachers	supervisors
1._____	1._____
2._____	2._____
3._____	3._____

-02.10

24. What activities do you perform to prepare Head Start children for the public schools?

	YES	NO
public school teachers attend training with Head Start teachers	01	02
public school teachers visit Head Start classrooms.	01	02
Head Start parents visit public schools . .	01	02
Head Start children regularly visit public schools	01	02
Head Start children visit public schools prior to enrollment	01	02
role playing in Head Start.	01	02
emphasize academic skills development . . .	01	02
emphasize social skill development.	01	02
teach children to follow directions and to understand rules.	01	02
exchange of teachers between public school and Head Start.	01	02

others (SPECIFY)

1. _____
2. _____
3. _____

25. How would you describe the relationship you have with your local public schools?

Would you say the relationship is:

excellent 01
good. 02
fair. 03
difficult or strained . . .04
there is no relationship. .05 ___

26. How frequently do you have contact with the following people in your program?

	no communication	almost daily	2 - 3 times a week	weekly	less than weekly
program director. .	01	02	03	04	05
other center directors. . .	01	02	03	04	05
teaching staff. . .	01	02	03	04	05
non-teaching staff, (e.g., education coordinator. .	01	02	03	04	05
most parents. . . .	01	02	03	04	05

SECTION V: COMMUNITY RESOURCES Respondent Title:_____

27. There are a variety of resources available in a community. I'd like to read to you a list of service resources. Please tell me if the resource is available in your community and if so has the Head Start center ever used it. By used we mean that the center used the resource directly or it referred a Head Start family to the resource.

	(CIRCLE ONE CODE PER LINE) NOT AVAILABLE	AVAILABLE AND USED	AVAILABLE AND NOT USED	DON'T KNOW
Public Health Clinic	01	02	03	98
Mental Health Clinic	01	02	03	98
Child Guidance Clinic	01	02	03	98
Speech Therapy Clinic	01	02	03	98
Psychological Services	01	02	03	98
Family Counseling Agencies	01	02	03	98
Family Planning Services	01	02	03	98
Nutrition Services	01	02	03	98
Local Hospital	01	02	03	98
Community Work And Training Programs	01	02	03	98
Housing Authority	01	02	03	98

28. Teachers may receive supervision in a program from any of a number of people depending upon how the organization of the program is set up. For the following questions I am referring to the person in your program who provides the teachers with supervision, whether it is the director, a lead teacher or a curriculum coordinator.

On the average, how often does this person visit in a teacher's class?

daily 01
weekly. 02
monthly 03
twice a year or less. .04

29. Is there a set schedule for this visit or is the visit by need?

(CIRCLE ALL THAT APPLY)
scheduled visit. 01
need visit 02

SECTION VII: CURRICULUM

X 30. Here are descriptions of five classes which tell you how each of these teachers teaches. I would like you to read these descriptions and tell me which one sounds most like your own style of teaching. Please take your time while I finish coding some of the information you have alredy given me.

class 1. 01
class 2. 02
class 3. 03
class 4. 04
class 5. 05
none of the above. . .06

(INTERVIEWER: HAND THE RESPONDENT THE PAGE WITH THE FIVE DESCRIPTIONS. MARK THE DESCRIPTION ABOVE THAT THEY INDICATE SOUNDS MOST LIKE THE CLASSES IN THEIR CENTER)

(THIS WILL BE ON A SEPARATE SHEET TO BE HANDED TO TEACHERS.)

Classroom 1: ~~Mrs.~~ Ms. Green

Mrs. Green's class is very open. The activities she uses with her children are determined by what she sees the children need. She does not use any preplanned sequenced activities, because she wants to concentrate on the "whole child" and his needs. This means that her teaching is directed toward intellectual, language, sensorimotor and socio-emotional development at the same time that she is trying to help the children develop a sense of well-being. She uses no written set of behavioral objectives, because the focus of her classroom changes day by day with what she sees the children need on any particular day.

Classroom 2: ~~Mrs.~~ Ms. Jones

Mrs. Jones plans learning activities which are designed to reach specific goals for the children. Mrs. Jones writes these specific goals by assessing the strengths and weaknesses of individual children in her class. She develops and follows a daily plan. She works hard on developing language skills, motor skills, reasoning skills, and social skills. Mrs. Jones selects and organizes the activities within a somewhat structured setting. The materials she uses are often developmentally sequenced and offer guidelines for her teaching.

Classroom 3: ~~Mr.~~ Ms. Smith

Mr. Smith has a very structured classroom. He believes that the children in his class will never get anywhere unless they learn the basic rules and concepts involved in language, arithmetic, and reading. He does not work directly on social positive self-concepts when they experience success in learning language, arithmetic and reading. He closely supervises each child in the class. He feels that given the small amount of time he has with the children, it is better for them to study academic skills rather than spend their time playing. He directs all of the learning activities and the children participate in prescribed ways.

Classroom 4: Ms. Johnson

Ms. Johnson's classroom is full of self-instructing materials that are designed so that the children can use them alone. The children are free to choose the materials they want to work with and to pace their own rate of learning. Ms. Johnson has no preplanned activities, but rather has planned her classroom in such a way that the materials do the teaching as the child plays with them. Ms. Johnson has a moderate level of structure in her class. She wants the children to learn rather than learn some specific content.

Classroom 5: Ms. Washington

Ms. Washington uses many activities and materials which she feels will improve cognitive or intellectual development. She is expecially interested in having the children develop abilities in classification, seriation, number, measurement, and space. The children in Ms. Washington's class participate in many well planned activities which are designed to stimulate mental activity. Ms. Washington designs lessons which require the children to manipulate both physically and mentally concrete materials and facts. These learning situations are set up to get reasoning repsonses from the child. Ms. Washington then responds to the child's reasoning, asking for explanation of the child's answers and guiding his use of the materials. The tasks are structured to encourage children to apply reasoning processes to a variety of situations rather than just learning rote answers.

*31. **Do you use any published materials, curriculum guides, or kits in your center, at least one hour a week?**

CIRCLE ALL THAT APPLY

Uses own Curriculum. 01
Early Childhood Discovery Materials (Bank Street College). 02
An Activities Handbook for Teachers of Young Children (Croft and Hess). 03
The New Nursey School (Nimnicht) 04
Early Childhood Curriculum: Piaget Program (Weikart). . . 05
Cognitively Oriented Curriculum (Weikart). 06
Inquisitive Games: Discovering How to Learn 07
Inquisitive Games: Exploring Number and Space 08
GOAL: Language Development (Karnes) 09
GOAL: Math (Karnes) 10
Peabody Language Developmen Kit 11
PEEK Kit 12
Frosting Perceptual Motor Program. 13
Learning to Think (Thurstone). 14
Learning Accomplishment Profile LAP (Sanford). 15
Portage Project. 16
Memphis Program. 17
DISTAR: Language. 18
DISTAR: Reading 19
DISTAR: Math. 20
Alpha Time 21
Readiness Programs 22
Other (SPECIFY)

1. _____
2. _____
3. _____
4. _____
5. _____

32. In your center do the teachers decide on the type of teaching approach, teaching materials and curricula to use or are other Head Start personnel involved in this decision?

the teacher decides. . . . . 01 (GO TO Q.34)
the teacher has assistance . . . 02

33. What other personnel are involved in the decision?

	Yes	NO
Director	01	02
Education Coordinator.	01	02
Head Teacher	01	02
Teachers as a group.	01	02
Aides.	01	02
Parents.	01	02
Public School Staff.	01	02

Other (SPECIFY)

1. _____
2. _____
3. _____

34. Teachers emphasize different things in their teaching and curriculum. I am going to give you a list of developmental categories. Please rank each category according to which ones are most emphasized in the classes in your center. Rank the categories with 1 being the most emphasized and 7 being the least emphasized.

(HAND LIST TO RESPONDENT.)

	RANK
Sensory Motor Development	_____
Language Development.	_____
Group And Social Skills Development	_____
Concept Development	_____
Academic Skills Development	_____
Self-Esteem Development	_____
Motivational Development.	_____

SECTION VIII. PARENT INVOLVEMENT

35. Now I would like to ask you a few questions about parent involvement in your Head Start Center. First I need to know about how many of the children in the children in the center live with:

	ENTER TOTAL NUMBER IF 0 ENTER 0
Both Parents (This Includes Natural, Adoptive, Foster And Step Parents) _____ x 2 = ...	_____
Single Parent (Separated, Divorced, Widowed).	_____
Other Relatives (Aunts, Uncles, Grand Parents, Etc.).	_____
TOTAL	_____

36. About how many of these _____ adults participate in Head Start activities (attend meetings, go on field trips, visit the classes, etc.)?

_____ number of adults

37. Of the _____ adults who participate in the Head Start activities, about how many participate:

	TOTAL NUMBER
Almost Daily.	_____
At Least Weekly	_____
At Least Monthly.	_____

38. About how many of these _____ adults who participate in Head Start activities are:

Males	_____
Females	_____

39. Do parents schedule a visit in the classroom or do they drop in when they have time?

Scheduled.	01
Not Scheduled. . . .	02
Both	03

40. What do the parents do in the classroom? (CIRCLE ONE CODE FOR EACH LINE.)

	Spontaneous	Prompted
supervise free play.	.01	.02
read to the children	.01	.02
help with art projects	.01	.02
set up materials for the teacher, such as snacks, art materials, etc.	.01	.02
help with field trips.	.01	.02
teach their own child.	.01	.02
teach other children in group or one to one situation.	.01	.02
supervise snacks	.01	.02
clean up	.01	.02
other (SPECIFY)		
1. _____ . .	.01	.02
2. _____ . .	.01	.02
3. _____ . .	.01	.02

STOP. THANK RESPONDENT AND ENTER TIME COMPLETED.

TIME COMPLETED _____ AM
PM

Appendix A

JUSTIFICATION STATEMENTS FOR:

Parent Interview I

Teacher Interview I

Head Start Program
Description Interview I

Head Start Center
Description Interview I

1) All numbers need to be re-numbered. Some items have changed in the instruments thus changing numbers for third copy.

2) There will be a number of items which will not be re-administered each time since they do not change & since we are not interested in measuring their change. These items will be starred on the instruments indicating only one administration.

3) The time for administration for CDS, PDI & TI will be considerably decreased in 2nd administration because of #2.

Instrument Title: Parent Interview I

Purpose: To describe the characteristics of the Head Start, BES, and comparison families at entry to the Head Start/BES program and evaluation. To document the preschool experience of the study children and their parents, whether Head Start or comparison. To collect data on the following topics:

- o family characteristics, socioeconomic status, background, and home environment
- o description of Head Start preschool experience, present and past
- o utilization of health and dental services
- o parent behaviors and attitudes

JUSTIFICATION: The Head Start/BES evaluaton is designed to assess the impact of participation in Head Start and BES on outcomes for parents in the following areas:

- o type and extent of parent involvement in the educational component of Head Start
- o parental knowledge, understanding, behavior and experience in child growth and development
- o knowledge and use of community resources
- o parental attitudes toward education and themselves as caregiver

Most of the baseline and outcome assessment of child status and development will be made directly via developmental assessment and classroom observation. The Parent Interview I is the primary instrument for collection of baseline data on family characteristics and socioeconomic characteristics. This information is important because it is likely that the impact of Head Start and BES will be different for families with different basic characteristics. These differences must be carefully documented at entry, therefore, in order that evaluation findings can be usefully interpreted. Information from the Parent Interview I will also be used to assess changes in family characteristics, parent knowledge,

behaviors and attitudes throughout the Head Start evaluation by providing baseline measures of some variables. In addition, information from this instrument will be used to describe preschool or day care experiences of those children not reeiving Head Start services.

~~Most~~ Items in this instrument ~~(excluding those which do not change such as sex)~~ will be used as repeated measures, both to describe changes in the sample populations and as some co-variables in the analysis of impact. These items will constitute repeated administration of the Parent Interview. *Those items which will not be repeated are stared. The exclusion of these items considerably decreases the response burden for further administrations*

Each topic is discussed briefly on the following pages along with the variables which constitute the topic and their item numbers in the interview.

Estimated Respondent Burden: 35 - 45 minutes per family.

Topic #1: Family Characteristics, Socioeconomic Status, Background, Home Environment:

A basic household enumeration and determination of family characteristics will be conducted in order to document the environment of the child and provide an accurate description of the families in the study.

Characteristics that cannot be affected by any sort of intervention will be recorded (age, sex, race, and ethnicity). This information will serve to describe the population being studies. Selected variables of family status will be used to construct a status index which reflects potential educational risks or strengths for each child at entry to Head Start. Family size, educational and occupational status and income will be recorded. In

addition the PI will record previous exposure to parenting programs and history of recruitment by Head Start. All of these variables may have impact upon child educational outcome and upon parent knowledge, behavior and attitude outcomes. Since positive changes in these variables are hypothesized as Head Start impacts, pre-existing family characteristics must be carefully controlled for. Within the Head Start eligible population, we expect to find wide variations in family descriptions.

There is extensive evidence in the literature that certain home variables are influenticl in child cognitive developemtn. (Cooley and Lohnes, 1976; Mayeske, et al, 1973; Peaker, 1971) Home circumstances were second only to pretest scores as predictors of outcomes of schooling. (Peaker, 1971) This interview will measure then the home environment of the child, including parent-child activities and the presence of educational materials in the home. These variables may be the actual outcomes of treatment.

Items	Variables
* From child test information	o BACKGROUND Child's name (first only) Child's birthdate Child's sex
	o FAMILY AND LIFE CIRCUMSTANCES
* 1, 2	Respondent's relationship to child
* 102, 103, 104, 105	Other household members, relationship to sample
~~* 18, 19, 20~~	~~Child, sex, age~~
* 106, 107	Mother's educational status
* 108	Current participating in educational programs
* 109, 110, 111	Mother's occupation

Items	Variables
* 112, 113, 114, 115	Occupation of other head of household
* 116, 117	Education of other head of household
* 118	Language of home
* 119	Income of family
* Coded by observation only	Ethnicity of respondent
	o HOME ENVIRONMENT
95 A - E, 99	Parent-child activities
96	Child activities at home
97	Time watching television
98	Use of television
100	Materials for child play in the home
101	Parent-child play

Topic #2: Description of Head Start/Preschool Experience

Head Start involves parents in the educational activities the child. In order to measure the effects of Head Start on parents it is necessary to determine how much accumulated exposure to Head Start and other preschool programs which parents have had. In these items parents enumerate the study child's exposure to Head Start or other preschool, past and present. They describe the preschool or Head Start experience for siblings also. This provides a measure of accumulated parental experience as well as child exposure. It also provides a measure of the possible experiences of comparison children who do not receive Head Start services.

Items	Variables
	o PRESENT EXPOSURE TO PRESCHOOL/ HEAD START
3	Enrollment for study child
5, 6	Days and hours per week child in program
8, 9	Adult-child ratio
4, 7	Public or private
11, 12	Recruitment history
13, 14	Expectations
15	Enrollment in an additional preschool
16, 17	Days and hours per week child is in program

Items	Variables
25, 26	Enrollment for siblings
	o PAST EXPOSURE TO HEAD START/ PRESCHOOL
27, 28	For study child
21, 22, 23	For siblings

Topic #3: Utilization of Health and Dental Service

Head Start works with families to develop both their own capacity to handle health and dental problems and their ability to utilize community resources. The emplasis of this evaluation is upon the educational component of Head Start, but the dental and health aspects of necessity must be assessed at least minimally in the process of evaluating the educational experience. Therefore, this topic is concerned with the health care children are receiving.

Items	Variables
	o MEDICAL SERVICES
29	Most recent visit to a physician
30, 31	Purpose for visit
32, 33	Head Start's influence (other preschool's influence)
34	Child's history of innoculations
	o DENTAL SERVICES
35	Most recent visit to a dentist
36, 37	Purpose for visit
38, 39	Head Start's influence (other preschool's influence)

Topic #4: Parent Behaviors and Attitudes

Active parent involvement in preschool activities has been shown to facilitate the child's intellectual and social emotional development. (Radin, 1972; Willman, 1969) There is also evidence that active parental involvement affects parental attitudes and behaviors and may have impact on parent participation in other community organizations. (MIDCO, 1972) The Parent Interview measures

the type and extent of parent involvement in Head Start or other preschool programs. This involvement includes classroom participation in the administration of the preschool.

Head Start and BES programs work with parents to enhance their ability to become actively involved in preschool and community activities. This evaluation will document the level and type of parent involvement. It will document parent participation in community resources. Parents will be evaluated for their awareness of the availability of aid.

Item	Variables
	o CONTACT WITH PRESCHOOL
40, 41	Conversation with child's teacher, frequency, content
45, 46, 47	Visits to classroom; frequency, purpose
48, 49, 50, 51	Participation in parent education; frequency, purpose
52, 53, 54	Participation in parent activities for parental benefit; frequency, purpose
55, 56, 57	Participation in parent committies; frequency; type
58, 59	Decision-making role of parent in preschool policy
60	Role of parent in recruitment
61	Role of parent in evaluation
62, 63	Role of parent as a volunteer
64, 65	Role of parent as a paid employee
	o HOME VISIT CONTACTS WITH PRESCHOOL
65A	Participation in home visits
65B	Title of home visitor
65C	Frequency of visits
65D, 65E, 65F, 65G	Purpose of home visit
	o PARTICIPATION IN COMMUNINTY ACTIVITIES
80, 81, 82	Social groups; frequency, role
83, 84, 85	Religious groups; frequency, role
86, 87, 88	Neighborhood groups; frequency, role
89, 90, 91	Political organizations; frequency, role
92, 93, 94	Unions, study groups; frequency, role

Instrument Title: Teacher Interview

Purpose: To collect information about the teachers who work directly with children and families at Head Start centers in regard to their backgrounds and to their activities with parents and children. The following topics will be covered:

- o demographic and background information
- o teacher hours and scheduling
- o teacher's contact with parents at home
- o teacher's teaching style and curriculum
- o teacher's training
- o teacher's attitudes

Justification: Information from this interview will be used to describe the nature and extent of educational services to children and parents offered by teachers. Characteristics of the teachers will be documented to provide information on the type of teaching a child receives and to help to explain variation in child outcomes and family outcomes. It is likely that the experience of Head Start children and parents may differ with different teacher characteristics, training, and attitudes. These differences in teachers and teaching styles will be documented carefully in order that evaluation findings can be usefully interpreted. Each topic is discussed briefly on the following pages along with the variables which constitute the topic and their item numbers in the interview.

Estimated Response Burden: ~~One hour~~ 30 minutes

Topic#1: Demographic and Background Information

This topic describes the teachers who are providing services to the study children in terms of their age, sex, ethnicity, language, education and experience. This information is necessary in order to evaluate the outcome data in terms of the preschool experience.

Items	Variables
	o BACKGROUND DATA
*Coded by observation only	Sex, ethnicity
*3	Age
18, 19, 20, 21, 22, 23	Position in Head Start
*17	Language spoken
	o EXPERIENCE WITH HEAD START
*1, 2	As a parent
*18, 20	Length of employment
*24, 25	History of employment
	o EDUCATIONAL AND WORK EXPERIENCE OTHER THAN HEAD START
*4, 5	Education - past
6, 7, 8, 9	CDA status
10, 11, 12, 13, 15, 15, 16	Education present/future
*26	Work experience

Topic #2: Teacher Hours and Scheduling

This topic documents the time teachers spend on Head Start activities and the partitioning of that time into various activities. This evaluation is concerned with the allocation of program time, and this topic measures the teacher's allocation of time.

Items	Variables
27	o HOURS OF WORK
	o SCHEDULING
28	Activities during a typical day
29	Activities during the last month

Topic #3: Teacher Home Contact With Parents

This topic addresses the teacher's use of home visits to parents. It describes the purpose for the visits and their frequency.

Items	Variables
	o HOME VISITS
30	Frequency
31	Purpose
32, 33	Educational materials supplied to parents

Topic #4: Teachers Teaching Style and Curriculum

This topic documents the teachers perception of his/her teaching style. The teacher indicates the emphasis of the curriculum used, including materials, scheduling, and assessment devices used.

Items	Variables
42	o TEACHING STYLE
45, 46	Whose choice
	o CURRICULUM
43	Emphasis
44	Materials
47	Time for reading to children
	o INDIVIDUALIZATION
48	Individual child
	o ASSESSMENT
49	Beginning of year
50	Measures used
51	During year
52	Measures used
53	Frequency

Topic #5: Training

Teachers will be asked in these items to describe the training they have received while in Head Start. This training will be reported in terms of amount and satisfaction with the experiences. It is likely that Head Start and BES programs will differ in the amount of training teachers receive and that such differences will affect child and family outcomes.

Items	Variables
	o PRESERVICE TRAINING
34, 35, 36	Hours and days of training
37	Satisfaction with content
37	Satisfaction with format
	o INSERVIVCE
38, 39, 40	Hours and days
41	Satisfaction with content
41	Satisfaction with format

Topic #5: Attitudes

Teachers will be asked to express their attitudes toward parents and parent involvement in Head Start. Teacher attitudes toward parent participation are expected to differ from program to program depending on training and program emphasis on parent involvement. These differences are expected to affect their behavior toward parents. In addition, since parents are also indicating their attitudes on similar items it will be possible to compare attitudes of parents and teachers within a program.

Items	Variables
	o ATTITUDE TOWARD PARENTS
54B, D, G, L, N, P	As educators
54A, F, K	As a power in Head Start
54C, E, H, I, J, M, O	As a primary educator

Instrument Title: Program Description Interview I

Purpose: To collect information about the program in which children and families receive services. The following topics will be covered:

- o background information and program characteristics
- o program admissions
- o staff characteristics
- o training
- o parent involvement
- o BES requirements

Justifications: Information collected from this interview and from the Center Description Interview will be used to document the determinants-of-implementation of the educational services within Head Start and BES. The determinants-of-implementation are those factors which affect both positively and negatively the implementation of Head Start programs at the program level (Fullan and Pomfret, 1977). Context variables are important when evaluating educational innovations. A number of researchers have noted the importance of specifying the setting within which an innovation takes place in order to determine how exportable the innovation is to other sites (Stufflebeam, et al, 1971; Cooley and Lohnes, 1976).

In addition, information from this interview and the Center Description Interview will serve to specify procedures which contributed to outcome scores. That is, this evaluation will go beyond stating that the treatment of Head Start or BES was successful or not, it will describe in detail what that treatment was. The data from interviews will be supplemented by on-site observation, also.

~~Most~~ Items in this instrument ~~(excluding those which do not change)~~ will be used as repeated measures, both to describe changes in program variables and some as covariables in the analysis of impact. There are a number of item however, which will not be re-administered since these have been stated. The exclusion of these items considerably decreases the response burden for further administrations of the PIS

Each topic is briefly discussed in the following pages along with the variables which constitute the topic and their item numbers in the interview.

Estimated Respondent Burden: 30 minutes

Topic #1: Background Information and Program Characteristics

The information in this topic will be gathered directly from existing data available on the Program Information Report. ~~The respondent will only be required to check the data for accuracy.~~ There will be no burden to the respondent at all.

This information will describe the characteristics of staff, children and the community served. It will describe the programs.

Items	Variables
	o PROGRAM DESCRIPTIONS
1	Type of agency
2	Area served
3	Type of program offered
4	Staff ethnicity
5	CDA status of staff
7, 8	Size of program
9	Enrollment
10	Ethnicity of children
11	Age composition of children
14	Distance of program from centers
15	Size of each center
7	Days of operation

Topic #2: Program Admissions

This topic describes the policies each program utilizes to determine who is admitted. This section has implications for the analyses of data, but also for the implementation of the random aspect of this evaluation.

Items	Variables
	o ADMISSIONS
~~(CDI) 14~~	How are parents recruited
~~(CDI) 15, 15A~~	How are decisions made
~~(CDI) 16~~	Who sets the policy
~~(CDI) 17~~	How are 5-year-olds served

Topic #3: Staff Characteristics

The items in this topic are concerned with a detailed description of the characteristics of the total program staff who work with parents or children. Of concern is the appropriateness of experience and training of personnel. In addition, an analysis of the ethnic ratio of families as compared to staff will be made. Turnover rate on staff will be available through repeated administration of the PDI. This item will not be re-administered each year, but will be updated as staff change.

Item	Variables
	o STAFF CHARACTERISTICS
13	Employment status
	Ethnicity
	Sex
	Education
	CDA status
	Length of time in position
	Physical location of office
	Language spoken other than

Topic #4: Training

The items in this topic concern preservice and inservice training which is offered to staff of the program. This information will offer a description of how program operations and changes are implemented. These process variables may contribute to desired outcomes by preparing staff in a variety of topics which are desirable. Training may relate heavily to program goals and philosophy. Training may facilitate implementation. Researchers have found that the amount of staff training and meeting frequency was related to perceived success and the perceived fiedlity of the implementation.

Items	Variables
	o PRESERVICE TRAINING Availability Number of days of training Number of hours of training Participants to training Format of training Content of training
	o INSERVICE TRAINING Availability Number of days of training Number of hours of training Attendance Format of training Content of training

Topic #5: Parent Involvement

This topic concerns the program's attempts to involve parents in educational and policy matters. The items will document the processes instituted by the program. These processes may relate to later outcomes for parents and children and thus are important to the evaluation. Parent involvement has been shown to be related to child outcomes and to parent behaviors, knowledge and attitudes. These items will be compared with the parent's level of involvement, with outcome data and with implementation of progress goals.

Items	Variables
	o PARENT TRAINING Availability Availability within the last for their schools
	o CHANGES IN PARENT PROGRAMS Were changes necessary in parent involvement Participation of Policy Council in BES Discussion of goals of BES Parent response to BES

Items	Variables
	o POLICY PARTICIPATION
	Frequency of poliyc council meetings
	Attendance
	Attendance of persons other than parents
	Role of persons other than parents
	Decision-making power of Policy Council
	o LIBRARY FOR PARENTS
	Availability
	Participation level each week
	Participation level for year
	Materials available
	o PARENTS AS TEACHERS AT HOME
	Availability of methods for training parents
	Description of methods

Topic #6: BES Requirements

Those projects which are initiatives will be asked a number of questions specific to their implementation of BES guidelines in order to determine the kinds of program changes necessary for BES.

Items	Variables
	o ARRANGEMENTS FOR BES CHILDREN
	Schools BES children feed into
	Special arrangements necessary for their schools
	o CHANGES IN PARENT PROGRAMS
	Were changes necessary in parent involvement
	Participation of Policy Council in BES
	Discussion of goals of BES
	Parent response to BES

Instrument Title: Center Description Interview I

Purpose: To collect information about the centers in which children and families receive services. The following topics will be covered:

- o center background information
- o staff characteristics
- o continuity with public schools
- o community resources
- o teacher supervision
- o curriculum
- o parent involvement

Justification: As with the Program Description Interview, this instrument will be used to document the determinants-of-implementation, but at the center - rather than program level. The context variables are important at the center level where the center and program are distinct entities because when evaluating educational innovations like BES and Head Start educational services the settings are important.

The justification for the Center Description Interview is identical to that for the Program Description Interview.

Estimated Respondent Burden: ~~One hour~~ 30 minutes

Topic #1: Center Background Information

Information on this topic will describe the characteristics of the staff, children and community served. It will describe the center.

Items	Variables
	o CENTER DESCRIPTIONS
1	Physical location
2	Area served
3	Distance from center for families
4	Transportation for families
5	Type of program offered
6	Total number of classes
7C	Number of children in each class
7D	Ages of children in each class
7E	Days and hours of operation of each class
7A	Total study class enrollment

Items	Variables
9	Total enrollment
10	Average daily attendance
11	Number of drop outs
12	Ethnic composition of children
13, 14	Language composition of children
15	Length of time as a Head Start center
8	Length of Head Start year

Topic #2: Staff Characteristics

Same justifications as that for the program staff

Items	Variables
	o STAFF CHARACTERISTICS
* 16	Employment status Ethnicity Sex Education CDA status Length of time in position Physical location of office Language spoken other than English
	o STAFF FROM OTHER THAN HEAD START
* 17	Availability of services from non-Head Start staff
* 18	Type of service
* 19	Funding source

Topic #3: Continuity with Public Schools

One goal of BES is to provide a continuous experience for Head Start children who will move into the public school system. This topic obtains information on the preocedures which occur to make this transfer a smooth one. The evaluation will be concerned with how programs implemented a relationship with the schools and how effective a relationship was developed.

Items	Variables
	o COMMUNICATION WITH SCHOOLS
20	What is discussed
21	What services/facilities are shared with schools
22	How are teachers/supervisors shared

Items	Variables
23	What are their tasks
26	Frequency of contact
	o PREPARATION OF HEAD START CHILDREN FOR SCHOOLS
24	Activities
25	o RELATIONSHIP WITH SCHOOLS

Topic #4: Community Resources

This topic documents the resources which are available in the community of the Head Start center. It will provide data on the resources which may aid implementation of the Head Start program.

	Items	Variables
*	27	Availability of resources
*	27	Utilization of resources

Topic #5: Teacher Supervision

In addition to the formal training teachers may receive from the program, they may also receive informal training via supervision within their center. This topic taps that training.

Items	Variables
	o SUPERVISION
28	Frequency of
29	Scheduling of

Topic #6: Curriculum

This evaluation is concerned with the educational services afforded to Head Start children. Curriculum is a major portion of the provision of educational services to children. Curriculum includes philosophy of learning, materials, and use of assessment in teaching. The teachers perspective will be available from the Teacher Interview, but this instrument will tap the administrative standpoint.

The information to measure continuity with the schools, since it will be possible to later compare the school's curriculum to that of Head Start.

Items	Variables
30	o TEACHING PHILOSOPHY OF CENTER CLASSES
32, 33	Who decides
34	What is emphasized
31	o USE OF PUBLISHED MATERIALS

Topic #7: Parent Involvement

This topic taps the centers efforts at involving parents in Head Start. It obtains the number of parents served, then the number of them who participate, the frequency and extent of participation. The data will be used to determine level of parent participation across centers for use in analysis of outcome data.

Items	Variables
	o PARENTS PARTICIPATION
35	Number of parent
36	How many participate
38	How many are mothers/fathers
37	Frequency
39	Scheduling
40	What they do in classrooms

Appendix B

Parent Interview I

Teacher Interview I

Program Description Interview I

Center Description Interview I

PARENT INTERVIEW

SPRING, 1979

Interviewer Name_____

Date of Interview_____/_____/_____
month day year

HUNTINGTON HEAD START
HUNTINGTON WV
05_208_ _29 . 1

BEFORE WE BEGIN I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE HELPING THE UNITED STATES ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES GET SOME INFORMATION ABOUT PROGRAMS THAT SOME CHILDREN ATTEND BEFORE THEY GO TO KINDERGARTEN. HEAD START IS ONE OF THESE PROGRAMS. WE ARE TALKING TO PARENTS WHOSE CHILDREN ARE INVOLVED IN HEAD START AND TO PARENTS WHOSE CHILDREN ARE NOT INVOLVED IN HEAD START. WE SELECTED YOU AS ONE OF THE PARENTS WE WANT TO TALK TO. YOU CAN HELP US FIND OUT HOW WELL HEAD START SEEMS TO BE WORKING, AND HOW WE MIGHT MAKE IT BETTER. WE ESPECIALLY WANT TO KNOW HOW MUCH HEAD START OR OTHER PROGRAMS HELP CHILDREN WHEN THEY GET TO SCHOOL.

PLEASE REMEMBER THAT YOU ARE ONLY DOING THIS TO HELP, AND THAT YOU DON'T HAVE TO IF YOU DON'T WANT TO. IF YOU DON'T LIKE SOME QUESTIONS I ASK, DON'T ANSWER THEM. YOUR ANSWERS WILL BE KEPT PRIVATE. NOTHING YOU SAY HERE WILL BE REVEALED TO ANYONE IN A WAY THAT IDENTIFIES YOU OR YOUR FAMILY.

BEFORE WE START THE INTERVIEW I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM. AFTER THE INTERVIEW I CAN THEN PAY YOU $10 FOR YOUR ASSISTANCE IN THIS STUDY.

For all parents in the study

TIME STARTED _____ AM PM

PART I: Description of Preschool Program

1. BEFORE I ASK ANY QUESTIONS ABOUT _____, WHAT IS YOUR RELATIONSHIP TO HIM/HER?

   mother, stepmother. 01
   father, stepfather. 02
   older brother, sister 03
   grandmother, grandfather, aunt, uncle . .04
   babysitter, friend, neighbor. 05
   foster mother 06
   foster father 07

* 2. ARE YOU PRIMARILY RESPONSIBLE FOR RAISING _____ AND TAKING CARE OF HIM/HER?
   child's name

   yes. 01
   no . . . . . .02 *(Stop Interview)*

3. IS _____ IN A PRESCHOOL OR DAY CARE PROGRAM NOW?
   child's name

   yes. 01
   no . . . . . .02 *(Go to Q.18)*

4. WHAT KIND OF PRESCHOOL OR DAY CARE PROGRAM IS IT?

   HEAD START 01
   DAY CARE IN A PRIVATE HOME 02
   DAY CARE IN A CENTER 03
   A COOPERATIVE DAY CARE 04
   A PRESCHOOL RUN BY THE PUBLIC SCHOOLS. . . .05
   OTHER PRESCHOOL PROGRAM. 06

5. HOW MANY DAYS A WEEK DOES (S)HE ATTEND?

   number of days _____

6. HOW MANY HOURS A DAY IS (S)HE AT HEAD START (or THE PRESCHOOL)?

   full day (4 hours or more). 01
   part day (less than 4 hours). 02

7. DO YOU HAVE TO PAY FOR _____ TO ATTEND?
   child's name

   yes. 01
   no 02

8. HOW MANY CHILDREN ARE IN _____ 'S ROOM?
   child's name

   number of children _____

9. HOW MANY ADULTS ARE PRESENT TO CARE FOR _____'S ROOM?
child's name

number of adults _____

10. ARE THE ADULTS WHO WORK THERE TEACHERS, PARENTS OF CHILDREN ENROLLED, OR OTHER ADULTS FROM THE COMMUNITY?

teachers. 01
parents 02
other adults. 03

11. HOW DID YOU FIND OUT ABOUT HEAD START (THE PRESCHOOL)?

(Circle all that apply)

newspaper. 01
social services, physician 02
friend, relative 03
door to door recruitment 04
school system. 05
posters in store, housing projects 06
mailed announcements 07
other *(specify)*_____

12. WHO MADE THE FIRST CONTACT WITH THE PRESCHOOL, DID YOU GO TO HEAD START (THE PRESCHOOL), OR DID SOMEONE FROM THERE COME TO YOU?

parent initiative. 01
program initiative 02
other initiative, e.g. social services 03
other *(specify)*_____

13. WHY DO YOU WANT _____ IN A PROGRAM?
child's name

(Circle all that apply)

to give him/her help for school. 01
to help him/her get along with other children. 02
to provide child care. 03
to help him/her with his/her problems. 04
to provide services, such as health ot dental. 05
other *(specify)*_____

14. WHAT MADE YOU CHOOSE THIS PROGRAM OVER OTHER PROGRAMS?

only one available. 01
cost. 02
convenience-location. 03
convenience--hours of operation 04
other *(specify)* _____

15. IN ADDITION TO THIS PROGRAM IS _____ IN ANY OTHER PRESCHOOL PROGRAM?
child's name

yes. 01
no . . . . . .02 *(Go to Q.18).*

16. HOW MANY DAYS A WEEK DOES _____ GO TO THE OTHER PRESCHOOL?
child's name

number of days _____

17. HOW MANY HOURS A DAY DOES HE/SHE GO TO THIS OTHER PRESCHOOL?

full day (4 or more hours). 01
part day (less than 4 hours). 02

18. HOW MANY BROTHERS AND SISTERS ARE LIVING AT HOME WITH _____?
child's name

none. . . . . .00 *(Go to Q.27).*
number of brothers and sisters_____

19. HOW MANY ARE OLDER? *(If zero enter 0)*

number of older _____

20. HOW MANY ARE YOUNGER? *(If zero enter 0)*

number of younger_____

21. PRIOR TO THIS SCHOOL YEAR WERE ANY OF _____'S BROTHER OR SISTERS
child's name
IN HEAD START OR ANY OTHER PRESCHOOL PROGRAM?

yes. 01
no . . . . . .02 *(Go to Q.24)*

22. HOW MANY OF _____'S WERE IN . HEAD START? *(If zero enter 0)*
child's name

number in Head Start_____

23. HOW MANY WERE IN OTHER PRESCHOOL PROGRAMS? *(If zero enter 0)*

number in other preschools_____

24. ARE ANY OF _____'S BROTHERS OR SISTERS CURRENTLY IN A HEAD START
child's name
OR OTHER PRESCHOOL OR DAY CARE PROGRAM?

yes. 01
no . . . . . .02 *(Go to Q.27)*

25. HOW MANY OF _____'S BROTHERS OR SISTERS ARE CURRENTLY IN HEAD
child's name
START? *(If zero enter 0)*

number in Head Start _____

26. HOW MANY ARE CURRENTLY IN OTHER PRESCHOOL PROGRAMS? *(If zero enter 0)*

number in other preschool programs_____

27. WAS _____ IN ANY OTHER PRESCHOOL OR DAY CARE PROGRAM BEFORE THIS
child's name
FALL?

yes. 01
no . . . . . .02 *(Go to Q.29)*

28. HOW MANY MONTHS WAS _____ IN THAT PRESCHOOL PROGRAM?
child's name

number of months _____

NOTE: If the child is not currently attending Head Start or Preschool go to question 79, otherwise, continue to question 29.

For parents of children currently in Head Start or another program

PART II: Information on health and dental services

29. NOW I WOULD LIKE TO FIND OUT A LITTLE ABOUT _____'S HEALTH.
child's name

WHEN WAS THE LAST TIME _____ WENT TO A DOCTOR, HEALTH CENTER OR CLINIC?
child's name

never. . . . . .01 *(Go to Q.34)*

_____/_____
month year

30. WAS THIS LAST VISIT FOR A CHECK UP OR FOR SOMETHING ELSE?

check-up. . . . . .01 *(Go to Q.32)*
something else. . . .02

31. WHEN WAS THE LAST TIME _____ HAD A CHECK UP?
child's name

_____/_____
month year

32. DID _____'S PRESCHOOL HELP MAKE ARRANGEMENTS FOR THE VISIT?
child's name

yes. 01
no 02

33. DID THE PRESCHOOL HELP PAY FOR THE VISIT?

yes. 01
no 02

34. I'D LIKE TO FIND OUT WHAT SHOTS _____ HAS HAD?
child's name

HAS (S)HE HAD: *(Circle one code per line)*

	yes	no	dk
DPT SHOTS?	01	02	98
POLIO SHOTS?	01	02	98
MEASLES SHOTS?	01	02	98

35. WHEN WAS THE LAST TIME _____ WENT TO A DENTIST?
child's name

never. . . . . .01 *(Go to Q.40)*

_____/_____
month year

36. WAS THIS LAST VISIT FOR A DENTAL CHECK UP OR FOR SOMETHING ELSE?

check-up. . . . . .01 *(Go to Q.38)*
something else. . . .02

37. WHEN WAS THE LAST TIME _____ HAD A DENTAL CHECK UP?
child's name

_____/_____
month year

38. DID _____'S PRESCHOOL HELP MAKE ARRANGEMENTS FOR THIS LAST
child's name
DENTAL VISIT?

yes. 01
no 02

39. DID THE PRESCHOOL HELP PAY FOR THE VISIT TO THE DENTIST?

yes. 01
no 02

For parents of children currently in Head Start or another program-otherwise skip to Q.79

PART III: Parent Involvement

40. I'D LIKE TO ASK YOU A LITTLE ABOUT YOUR ACITVITIES WITH _____'S (child's name) PRESCHOOL PROGRAM. HOW OFTEN, HAVE YOU SPOKEN WITH _____'S (child's name) TEACHERS OR ONE OF THE OTHER STAFF MEMBERS AT THE PRESCHOOL?

not at all. . . . . .01 *(Go to Q.45)*
ONCE A MONTH OR LESS. 02
ONCE A WEEK 03
2-3 TIMES A WEEK. 04
other *(specify)* _____

41. I AM GOING TO READ A LIST OF THINGS YOU MIGHT HAVE DISCUSSED AT THE PRE SCHOOL. PLEASE TELL ME IF YOU DISCUSSED ANY OF THESE THINGS WITH _____ (child's name) TEACHERS OR OTHER STAFF MEMBERS AT THE PRESCHOOL.

(Circle one code per line)

HAVE YOU EVER DISCUSSED:	Yes	No
A. _____ (child's name) EDUCATION AT THE PRESCHOOL.	01	02
B. EDUCATIONAL ACTIVITIES YOU COULD DO AT HOME WITH _____ (child's name).	01	02
C. _____ (child's name)'S DIET, THINGS LIKE WEIGHT CONTROL, FOOD ALLERGIES, LACK OF APPETITE, ETC.	01	02
D. HOW TO OBTAIN GOOD MEDICAL OR DENTAL SERVICES	01	02
E. _____ (child's name)'S HEALTH, FOR EXAMPLE, TREATMENT OF AN ILLNESS, GOOD HYGIENE, OR WHETHER OR NOT FLU SHOTS WERE NEEDED.	01	02

~~42. *(This question has been deleted).*~~

~~43. *(This question has been deleted).*~~

~~44. *(This question has been deleted).*~~

45. HAVE YOU VISITED IN _____ (child's name) CLASSROOM DURING CLASS TIME THIS SCHOOL YEAR?

yes. 01
no . . . . . .02 *(Go to Q.48)*

46. HOW OFTEN HAVE YOU VISITED IN HIS/HER CLASSROOM?

ONCE A MONTH OR LESS. 01
ONCE A WEEK 02
2-3 TIMES A WEEK. 03
other *(Specify)* _____

47. I AM GOING TO READ YOU A LIST OF THINGS YOU MIGHT HAVE DONE WHILE VISITING IN _____ CLASSROOM. PLEASE TELL ME WHICH OF THESE
child's name
THINGS YOU DID IN THE CLASSROOM. *(For each yes response ask -* DID YOU DO THIS WITHIN THE LAST MONTH?

DID YOU:	No	Yes →	Yes	No
SUPERVISE FREE PLAY	.02	01	01	02
READ TO THE CHILDREN	.02	01	01	02
HELP WITH ART PROJECTS	.02	01	01	02
SET UP MATERIALS FOR TEACHER, SUCH AS PAPER AND PENCILS, SNACKS, ETC.	.02	01	01	02
HELP WITH FIELD TRIPS	.02	01	01	02
TELL CHILDREN ABOUT PHYSICAL EXAMS	.02	01	01	02
EXPLAIN A PHYSICAL HANDICAP	.02	01	01	02
TALK TO CLASS ABOUT SAFETY	.02	01	01	02
HELP WITH A COOKING ACTIVITY	.02	01	01	02
OTHER *(Specify)* _____			01	02

48. HAVE YOU ATTENDED ANY PATENT EDUCATION MEETINGS HELD BY HEAD START THIS SCHOOL YEAR?

yes 01
no . . . . . .02 *(Go to Q.52).*

49. HOW OFTEN DO YOU ATTEND PARENT EDUCATION MEETINGS?

ONCE A MONTH OR LESS 01
ONCE A WEEK 02
2-3 TIMES A WEEK 03
other *(specify)* _____

50. WHAT WERE THE PURPOSES OF THE MEETINGS THAT YOU ATTENDED? WERE THEY TO LEARN ABOUT:

(Circle one code per line)

	Yes	No
HOW CHILDREN LEARN	.01	02
HOW CHILDREN BEHAVE OR FEEL	.01	02
WHAT PARENTS CAN DO AT HOME WITH CHILDREN	.01	02
ABOUT SERVICES WHICH ARE AVAILABLE IN THE COMMUNITY	.01	02
ABOUT FURTHER EDUCATION FOR YOURSELF	.01	02
ABOUT HOW TO GET INVOLVED IN THE COMMUNITY	.01	02
ABOUT NUTRITION OR COOKING	.01	02
ABOUT HEALTH SERVICES AND HOW TO GET THEM	.01	02
ABOUT DENTAL SERVICES AND HOW TO GET THEM	.01	02
ABOUT FIRST AID OT OTHER HEALTH TOPICS	.01	02

OTHER *(Specify)* _____
_____

51. HAVE YOU BEEN TO A PARENT EDUCATION MEETING WITHIN THE LAST MONTH?

yes 01
no 02

52. HAVE YOU EVER ATTENDED HEAD START (OR PRESCHOOL) ACTIVITIES WHICH WERE HELD FOR THE PARENTS' ENJOYMENT OR BENEFIT? ACTIVITIES SUCH AS, HANDICRAFT CLASSES, WEIGHT LOSS CLASSES, ETC.?

yes. 01
no . . . . . .02 *(Go to Q.55)*

53. WHAT WERE THE ACTIVITIES?

(Circle all that apply)

sewing classes, knitting, handicraft. 01
tool lending library. 02
used clothing sale. 03
community action program. 04
social get-togethers. 05
weight loss, exercise program 06
other *(specify)*_____.

54. HAVE YOU ATTENDED ANY OF THESE MEETINGS WITHIN THE LAST MONTH?

yes. 01
no 02

55. HAVE YOU EVER SERVED ON ANY PARENT COMMITTEES IN THE PRESCHOOL?

yes. 01
no . . . . . .02 *(Go to Q.58)*

56. WHICH COMMITTEES HAVE YOU SERVED ON?

(Circle all that apply)

policy committee. 01
transportation committee. 02
health committee. 03
education committee 04
other *(Specify)* 1_____
2_____

57. HAVE YOU ATTENDED A PARENT COMMITTEE MEETING WITHIN THE LAST MONTH?

yes. 01
no 02

58. HAVE YOU EVER HELPED TO MAKE DECISIONS ABOUT HOW HEAD START (or THE PRESCHOOL) IS RUN?

yes. 01
no . . . . . .02 *(Go to Q.60)*

59. WHAT KINDS OF DECISIONS HAVE YOU HELPED WITH?

	Yes	No
HIRING OR FIRING OF STAFF.	.01	02
BUDGET	.01	02
WHICH MATERIALS TO PURCHASE FOR THE CLASSROOM. . . .	.01	02
WHICH MATERIALS OR BOOKS ARE TO BE USED IN THE CLASSROOM	.01	02
WHICH PARENT ACTIVITIES ARE TO BE OFFERED.	.01	02

OTHER *(SPECIFY)*:_____

60. HAVE YOU EVER TALKED WITH OTHER PARENTS ABOUT ENROLLING THEIR CHILDREN IN HEAD START (or THE PRESCHOOL)?

yes. 01
no 02

61. HAS ANYONE FROM THE PRESCHOOL EVER ASKED YOU HOW YOU THOUGHT THE PRESCHOOL PROGRAM COULD BE RUN BETTER?

yes. 01
no 02

X 62. HAVE YOU EVER WORKED IN HEAD START (or THE PRESCHOOL) AS A VOLUNTEER?

yes. 01
no . . . . . .02 *(Go to Q.64)*

X 63. WHAT WAS YOUR JOB TITLE(S) AS A VOLUNTEER?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
cook. 09
nutritionist. 10
bus driver. 11
other *(specify)* 1_____
2_____

X 64. HAVE YOU EVER WORKED AS A PAID EMPLOYEE OF HEAD START (or THE PRESCHOOL)?

yes. 01
no . . . . . .02 *(Go to Q.65A)*

X 65. WHAT WAS YOUR JOB TITLE(S)?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
cook. 09
nutritionist. 10
bus driver. 11
other *(specify)* 1_____
2_____

65A. HAS ANYONE FROM THE PRESCHOOL EVER VISITED YOUR HOME?

yes. 01
no . . . . . .02 *(Go to Q.66)*

65B. WHO FROM THE PRESCHOOL VISITED IN YOUR HOME?

(Circle all that apply)

director. 01
teacher 02
teacher's aide. 03
education coordinator 04
health coordinator. 05
parent coordinator. 06
health aide 07
parent worker 08
other *(specify)* 1_____
2_____

(If code 02 (teacher) is circled go to Q.65C. otherwise go to Q.66).

65C. HOW OFTEN DOES _____'S TEACHER VISIT IN YOUR HOME?
child's name

WEEKLY. 01
MONTHLY 02
LESS THAN MONTHLY 03

65D. WHAT DID YOU TALK ABOUT THE LAST TIME THE TEACHER CAME TO YOUR HOME?

DID YOU TALK ABOUT: *(Circle one code per line)*

		Yes	No
A.	HOW _____ IS DOING IN CLASS?	.01	02
	child's name		
B.	WAYS YOU COULD HELP _____ BY WORKING WITH HIM/HER AT HOME?. . . . . child's name.	.01	02
C.	_____'S GENERAL HEALTH?	.01	02
	child's name		
D.	WAYS YOU COULD PARTICIPATE IN THE PRESCHOOL ACTIVITIES? . . .	.01	02
E.	HOW TO GET SOCIAL SERVICE ASSISTANCE FOR YOUR FAMILY?	.01	02
F.	HOW TO GET AND USE BOOKS OR MATERIALS FOR TEACHING _____ child's name AT HOME?.	.01	02
G.	OTHER *(SPECIFY)*_____		

65E. DID THE TEACHER LEAVE ANY MATERIALS OR BOOKS WITH YOU?

yes. 01
no . . . . . .02 *(Go to Q.65G)*

65F. DID THE TEACHER SHOW YOU HOW TO USE THE MATERIALS THAT SHE BROUGHT FOR _____?
child's name

yes. 01
no 02

65G. DID THE TEACHER EXPLAIN HOW YOU MIGHT WORK WITH _____ TO HELP HIM/HER LEARN?
child's name

yes. 01
no 02

For parent with children in Head Start or another program

PART IV: Satisfaction with the preschool

66. I'D LIKE TO ASK SOME QUESTIONS ABOUT HOW YOU FEEL HEAD START (or THE PRESCHOOL HAS HELPED _____ (child's name).

	"YES" WOULD YOU SAY IT HAS HELPED A GREAT DEAL	A LITTLE	NO	DK
A. DO YOU FEEL THAT HEAD START (or THE PRESCHOOL) HAS HELPED YOUR CHILD FEEL MORE SURE OF HIM/HER SELF?	01	02	03	98
B. HAS HEAD START (or THE PRESCHOOL HELPED _____ (child's name) IN GETTING READY TO LEARN TO READ?	01	02	03	98
C. HAS IT HELPED TEACH HIM/HER NUMBERS?	01	02	03	98
D. HAS HEAD START (or THE PRESCHOOL) HELPED HIM/HER LEARN TO GET ALONG WITH OTHERS?	01	02	03	98
E. HAS IT HELPED HIM/HER LEARN ABOUT DIFFERENT CULTURAL BACKGROUNDS?	01	02	03	98

67. IN GENERAL, HOW HELPFUL DO YOU FEEL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOUR CHILD?

WOULD YOU SAY:
- EXTREMELY HELPFUL. 01
- VERY HELPFUL 02
- SOMEWHAT HELPFUL 03
- NOT HELPFUL. 04
- HARMFUL. 05

For parents with children in Head Start or another program

PART V: Satisfaction with the preschool for the parent.

68. NOW I WOULD LIKE TO ASK YOU HOW HELPFUL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOU PERSONALLY.

	"YES" WOULD YOU SAY IT HAS HELPED A GREAT DEAL 01	A LITTLE 02	NO 03	DK 98
A. DO YOU FEEL THE STAFF OF HEAD START (or THE PRESCHOOL) HAVE HELPED YOU TO UNDERSTAND WHAT YOUR CHILD IS DOING AT THE PRESCHOOL?				
B. HAS THE PROGRAM TAUGHT YOU HOW TO HELP YOUR CHILD?	01	02	03	98
C. DO YOU FEEL IT HAS HELPED YOU TO UNDERSTAND HOW CHILDREN LEARN?	01	02	03	98
D. HAS HEAD START (or THE PRESCHOOL GIVEN YOU THE CHANCE TO PLAN YOUR CHILD'S PROGRAM?	01	02	03	98
E. HAS HEAD START (or THE PRESCHOOL) HELPED YOU WITH PROBLEMS YOU HAVE HAD?	01	02	03	98
F. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO KNOW OTHER PARENTS AT THE PROGRAM?	01	02	03	98
G. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO FIND A JOB OR TO GET JOB TRAINING?	01	02	03	98
H. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO TAKE COURSES IN SCHOOL OR COLLEGE?	01	02	03	98
I. HAS HEAD START (or THE PRESCHOOL) HELPED YOU IN ARRANGING MEDICAL, DENTAL AND OTHER HEALTH SERVICES WHEN _____ child's name NEEDED THEM?	01	02	03	98
J. HAS HEAD START (or THE PRESCHOOL) HELPED YOU TO FIND AND USE SOCIAL SERVICES SUCH AS CHILD CARE, LEGAL AID, FAMILY COUNSELING WELFARE SERVICES OR HOUSING ASSISTANCE?	01	02	03	98

69. IN GENERAL, HOW HELPFUL DO YOU FEEL HEAD START (or THE PRESCHOOL) HAS BEEN TO YOU PERSONALLY?

WOULD YOU SAY:

EXTREMELY HELPFUL. 01
VERY HELPFUL 02
SOMEWHAT HELPFUL 03
NOT VERY HELPFUL 04
HARMFUL. 05

70. WOULD YOU RECOMMEND THAT YOUR FRIENDS SEND THEIR CHILDREN TO HEAD START (or THIS PRESCHOOL)?

yes. 01
no 02

For parents with children in Head Start or another program

PART VI: Parent Attitutes

71. I AM GOING TO READ SOME STATEMENTS TO YOU THAT OTHER PARENTS HAVE MADE. I WOULD LIKE YOU TO TEIL ME IF YOU STRONGLY AGREE, MILDLY AGREE, ARE NOT SURE, DISAGREE MILDLY OR STRONGLY DISAGREE WITH EACH OF THEM. THERE IS NO RIGHT OR WRONG ANSWER. WE'D JUST LIKE TO KNOW HOW YOU FEEL.

		STRONGLY DISAGREE	MILDLY DISAGREE	NOT SURE/ UNCERTAIN	MILDLY AGREE	STRONGLY AGREE
A.	THERE IS LITTLE PARENTS CAN DO ABOUT PRESCHOOL POLICIES AND PRACTICES.	1	2	3	4	5
B.	I AM EAGER TO HAVE THE TEACHER'S IDEAS ABOUT HOW TO WORK WITH MY CHILD.	1	2	3	4	5
C.	NOW THAT MY CHILD IS IN A PRESCHOOL, THE PRESCHOOL HAS THE MAIN RESPONSIBILITY FOR HIS/HER EDUCATION.	1	2	3	4	5
D.	NO MATTER HOW WELL EDUCATED A PARENT IS, HE DOESN'T KNOW ENOUGH ABOUT TEACHING YOUNG CHILDREN TO BE ABLE TO GIVE A TEACHER GOOD ADVICE.	1	2	3	4	5
E.	WHAT I TEACH MY CHILD AT HOME IS VERY IMPORTANT TO HIS/HER SCHOOL SUCCESS.	1	2	3	4	5
F.	PARENTS CANNOT DO MUCH TO CHANGE WHAT HAPPENS AT THE PRESCHOOL.	1	2	3	4	5
G.	I WANT THE TEACHER TO TELL ME HOW TO HELP MY CHILD LEARN.	1	2	3	4	5
H.	IT IS NOT UP TO ME TO TEACH MY CHILD NOW THAT (S)HE IS IN A PRESCHOOL.	1	2	3	4	5
I.	SINCE PARENTS LACK SPECIAL TRAINING IN EDUCATION, THEY SHOULD NOT QUESTION THE TEACHER'S TEACHING METHODS.	1	2	3	4	5

		STRONGLY DISAGREE	MILDLY DISAGREE	NOT SURE/ UNCERTAIN	MILDLY AGREE	STRONGLY AGREE
J.	I CAN TEACH MY CHILD MANY THINGS THAT WILL HELP HIM/ HER IN PRESCHOOL.	1	2	3	4	5
K.	PARENTS CANNOT HAVE A MEANINGFUL EFFECT ON THE PRESCHOOL.	1	2	3	4	5
L.	I WANT THE TEACHER TO HELP ME TO DO A BETTER JOB OF TEACHING MY CHILD AT HOME.	1	2	3	4	5
M.	ONCE MY CHILD IS IN SCHOOL THERE IS LITTLE I CAN DO AT HOME TO HELP EDUCATE HIM/HER.	1	2	3	4	5
N.	BECAUSE OF ALL THE TEACHER'S TRAINING AND EXPERIENCE, PARENTS SHOULDN'T TRY TO TELL HER HOW TO TEACH.	1	2	3	4	5
O.	MY HELP AND INTEREST AT HOME ARE ABSOLUTELY NECESSARY FOR MY CHILD TO SUCCEED IN SCHOOL.	1	2	3	4	5
P.	PARENTS SHOULDN'T INTERFERE SINCE TEACHERS KNOW MORE ABOUT WHAT CHILDREN SHOULD BE TAUGHT.	1	2	3	4	5

For parents with children in Head Start or another program

PART VII: Expectations for the child.

72. IN GENERAL IS _____ ABLE TO DO:
child's name

MUCH MORE THAN OTHER CHILDREN HIS/HER AGE? 01
MORE THAN OTHER CHILDREN HIS/HER AGE?. 02
THE SAME 03
LESS 04
MUCH LESS THAN OTHER CHILDREN HIS/HER AGE? 05

73. HOW WELL IS _____ DOING IN HEAD START (or THE PRESCHOOL)?
child's name

EXCELLENT WORK. 01
GOOD WORK 02
ABOUT AVERAGE 03
POOR WORK 04
VERY POOR WORK. 05
dk. 98

74. IN GENERAL, HOW SATISFIED ARE YOU WITH _____'S PROGRESS
child's name
IN HEAD START (or THE PRESCHOOL)?

EXTREMELY SATISFIED 01
VERY SATISFIED. 02
SOMEWHAT SATISFIED. 03
NOT SATISFIED 04

75. HOW FAR DO YOU HOPE _____ WILL GO IN SCHOOL?
child's name

grade school. 01
junior high school. 02
high school 03
vocational or technical training after high
school 04
college 05
graduate school 06

76. GIVEN THE WAY (S)HE SEEMS TO BE DOING IN SCHOOL NOW, HOW FAR DO YOU THINK _____ WILL GO IN SCHOOL?
child's name

grade school. 01
junior high school. 02
high school 03
vocational or technical training after high
school 04
college 05
graduate school 06

77. HOW WELL DO YOU THINK _____ WILL DO IN SCHOOL?
child's name

EXCELLENT. 01
GOOD 02
ABOUT AVERAGE. 03
POOR 04
VERY POOR. 05

78. HOW SUCCESSFUL DO YOU THINK _____ WILL BE WHEN (S)HE IS AN ADULT?
child's name

VERY SUCCESSFUL. 01
SUCCESSFUL 02
AVERAGE. 03
(S)HE'LL HAVE PROBLEMS 04

PART VIII: Knowledge and use of community resources

79. NOW I AM GOING TO READ A LIST OF PLACES AND SERVICES THAT YOU MIGHT HAVE HEARD OF. FOR EACH ONE, PLEASE TELL ME IF YOU HAVE EVER HEARD OF IT AND IF SO HAVE YOU EVER USED IT.

	HAVE YOU EVER HEARD OF		(IF HEARD) HAVE YOU USED		*(if used)* DID HEAD START (or THE PRESCHOOL) HELP YOU IN ANY WAY	
	NO	YES	NO	YES	NO	YES
FOOD STAMPS	02	01	02	01	02	01
MEDICAID	02	01	02	01	02	01
FOOD COMMODITIES	02	01	02	01	02	01
PUBLIC HEALTH CLINICS	02	01	02	01	02	01
MENTAL HEALTH CLINICS	02	01	02	01	02	01
FAMILY COUNSELING AGENCIES . .	02	01	02	01	02	01
PLANNED PARENTHOOD	02	01	02	01	02	01
WELFARE DEPARTMENT	02	01	02	01	02	01
DAY CARE OR CHILD CARE PROGRAM .	02	01	02	01	02	01
LOCAL HOSPITAL	02	01	02	01	02	01
RECREATIONAL PROGRAMS	02	01	02	01	02	01
LEGAL AID	02	01	02	01	02	01
HOUSING AUTHORITY	02	01	02	01	02	01
STATE EMPLOYMENT OFFICE	02	01	02	01	02	01
JOB TRAINING PROGRAMS	02	01	02	01	02	01

80. NOW LET'S TALK ABOUT SOME OF THE ACTIVITIES, ORGANIZATIONS AND CLUBS THAT MIGHT BE AVAILABLE TO YOU IN YOUR NEIGHBORHOOD.

DO YOU BELONG TO ANY SOCIAL CLUBS OR GROUPS, SUCH AS CARD CLUBS OR BOWLING LEAGUES etc?

yes 01
no . . . . . .02 *(Go to Q83)*

81. ABOUT HOW OFTEN DO YOU PARTICIPATE IN THESE SOCIAL ACTIVITIES?

not at all 01
once a month 02
more than once a month . . . 03

82. ARE YOU AN OFFICER OR DO YOU WORK ON ANY COMMITTEES IN THESE GROUPS?

yes 01
no 02

83. DO YOU BELONG TO OR ATTEND A CHURCH GROUP SUCH AS THE CHOIR OR CHURCH CLUB?

yes 01
no 02

84. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

85. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTEES?

yes 01
no 02

86. DO YOU BELONG TO ANY NEIGHBORHOOD ACTION GROUPS, SUCH AS, COMMUNITY ACTION PROGRAMS, BLOCK GROUPS OR PARENT COUNCILS?

yes 01
no . . . . . .02 *(Go to Q89)*

87. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

88. ARE YOU AN OFFICER OR DO YOU WORK ON ANY COMMITTEES?

yes 01
no 02

89. DO YOU BELONG TO OR ATTEND MEETINGS OF ANY POLITICAL ACTION GROUPS SUCH AS A POLITICAL PARTY OR CITIZENS COMMITTEE?

yes 01
no . . . . . .02 *(Go to Q92)*

90. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

91. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTEES?

yes 01
no 02

92. DO YOU BELONG TO OR ATTEND MEETINGS OF ANY OTHER GROUPS, SUCH AS JOB GROUPS, UNIONS, STUDY GROUPS, PTA'S?

yes 01
no . . . . . .02 *(Go to Q.95)*

93. ABOUT HOW OFTEN DO YOU ATTEND MEETINGS?

not at all 01
once a month 02
more than once a month . . . 03

94. DO YOU HOLD AN OFFICE OR WORK ON ANY COMMITTIES IN THESE GROUPS?

yes 01
no 02

PART IX: Parent-child activities at home.

95. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE ACTIVITIES THAT YOUR CHILD DOES FROM DAY TO DAY. SOME OF THE QUESTIONS ARE ABOUT THINGS (S)HE PLAYS WITH, AND SOME ARE ABOUT THINGS THAT YOU DO TOGETHER.

A. HOW MANY CHILDREN'S BOOKS ARE IN YOUR HOME THAT YOUR CHILD CAN LOOK AT?

FIFTEEN OR MORE. 01
SEVERAL, BUT NOT FIFTEEN . . .02
THREE OR FEWER 03

B. HOW OFTEN WOULD YOU SAY SOMEONE READS STORIES TO YOUR CHILD?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

C. HOW OFTEN DO YOU AND YOUR CHILD TALK ABOUT THE PICTURES (S)HE MAKES, WHAT (S)HE DOES DURING THE DAY, HIS/HER FRIENDS, AND SO ON?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

D. HOW OFTEN DO YOU LET YOUR CHILD HELP YOU WHILE YOU ARE COOKING, CLEANING, WASHING DISHES, OR DOING OTHER TASKS?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

E. HOW OFTEN DO YOU JOIN IN THE PLAY ACTIVITIES WITH YOUR CHILD , SUCH AS PLAYING GAMES, DRAWING PICTURES, OR SINGING?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

96. I AM GOING TO READ A LIST OF HOUSEHOLD TASKS THAT CHILDREN SOMETIME HELP WITH. PLEASE TELL ME WHICH ONES _____ HAS HELPED YOU WITH IN THE LAST MONTH.
child's name

HAS _____ HELPED YOU. . . . . .IN THE LAST MONTH?
child's name

	Yes	No
CLEAN OR PEEL FOOD FOR A MEAL.	.01	02
MIX OR BAKE THINGS, LIKE COOKIES	.01	02
STIR THINGS WHILE THEY ARE COOKING, LIKE SOUP, PUDDING, ETC.	.01	02
FIND FOOD ON SHELVES AT THE GROCERY STORE FOR YOU. . .	.01	02
TAKE OFF THE DISHES AFTER A MEAL	.01	02
PUT CLEAN CLOTHES INTO THE RIGHT DRAWERS OR SHELVES.	.01	02

97. HOW MUCH TIME DOES YOUR CHILD SPEND WATCHING TELEVISION?

ABOUT 2 HOURS A DAY OR MORE. 01
EVERY DAY BUT LESS THAN TWO HOURS. 02
SEVERAL TIMES A WEEK OR LESS 03

98. DO YOU SUGGEST TO YOUR CHILD WHICH TV PROGRAMS HE/SHE SHOULD WATCH?

yes. 01
no 02

99. HOW OFTEN DO YOU TALK WITH YOUR CHILD ABOUT HIS/HER FEELINGS TOWARD THINGS SUCH AS HIS/HER FEARS, PEOPLE OR THINGS (S)HE ESPECIALLY DOESN'T LIKE.

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

100. I AM GOING TO READ A LIST OF THINGS THAT CHILDREN PLAY WITH. PLEASE TELL ME WHICH ONES YOUR CHILD HAS A CHANCE TO PLAY WITH AT HOME.

	Yes	No
CRAYONS AND PAPER.	.01	02
CHILDREN'S SCISSORS.	.01	02
SCOTCH TAPE, STAPLER OR PASTE.	.01	02
JIGSAW PUZZLES	.01	02
OLD PICTURE CATELOGS TO CUT UP LIKE SEARS, MONGOMERY WARDS.	01	02
PAINT OR MAGIC MARKERS	.01	02
CLAY OR PLAY DOUGH	.01	02
PUT-TOGETHER TOYS LIKE TINKER TOYS	.01	02
HAMMER AND NAILS WITH SOME WOOD SCRAPS	.01	02
YARN, THREAD, AND CLOTH SCRAPS FOR KNITTING OR SEWING	.01	02
MAKE BELIEVE TOYS OUT OF MILK CARTONS, TINCANS OR EGG CARTONS.	.01	02
PLANTS OR HIS/HER OWN IN A POT OR GARDEN	.01	02

101. HOW OFTEN DO YOU PLAY "HOUSE", "STORE", "DOCTOR", OR OTHER MAKE BELIEVE GAMES WITH YOUR CHILD?

ALMOST EVERY DAY. 01
SEVERAL TIMES A WEEK. 02
NOT THAT OFTEN. 03

PART X: Background variables

102. I'D LIKE TO FIND OUT A LITTLE ABOUT THE PEOPLE IN YOUR HOME. HOW MANY ADULTS ARE THERE ALTOGETHER LIVING IN YOUR HOME?

number of adults _____

103. DO ANY OF _____'S GRANDPARENTS, AUNTS OR UNCLES LIVE IN YOUR HOME?
child's name

yes. 01
no 02

104. ARE THERE ANY OTHER CHILDREN LIVING IN THE HOME UNDER THE AGE OF 18 BESIDES _____?
child's name

yes. 01
no . . . . . .02 *(Go to Q. 106)*

105. WHAT ARE THE AGES OF THESE CHILDREN? _____ _____ _____ _____ _____

106B. WHAT IS THE HIGHEST GRADE YOU (or THE CHILD'S MOTHER) COMPLETED IN SCHOOL? *(If respondent isn't mother)* DOES _____ MOTHER LIVE IN THE HOME?
child's name

grade school 1 2 3 4 5 6 7 8
high school 9 10 11 12
college 13 14 15 16
graduate school 17

yes. . . .01 *(Use mother in 106-111).*
no . . . .02 *(Use respondent in 106-111).*

(If 12 or greater Go to Q.107 otherwise go to Q. 108).

107. WHAT IS THE HIGHEST DEGREE YOU (or THE CHILD'S MOTHER) RECEIVED?

high school. 01
GED. 02
associate (two year college degree). 03
bachelor's (four year college) 04
master's 05
Ph.D.. 06
other *(Specify)* _____

108. ARE YOU (or CHILD'S MOTHER) ATTENDING ANY KIND OF CLASSES NOW, FOR EXAMPLE, ADULT EDUCATION OR TECHNICAL SCHOOL?

yes. 01
no 02

109. DO YOU (or CHILD'S MOTHER) CURRENTLY HAVE A PAYING JOB?

yes. 01
no . . . . . .02 *(Go to Q.112)*

110. IS THIS JOB FULL TIME, REGULAR PART TIME, OR OCCASIONAL PART TIME?

full time. 01
regular part time. 02
Occasional part time 03

(If a full time and part time job is reported in Q. 110, ask about the full time job in Q. 111).

111. WHAT KIND OF WORK DO YOU DO (or CHILD'S MOTHER)?

executives and proprietors of large concerns, major professionals e.g. doctors, lawyers, commissioned officers, athlete, etc. 01
managers and proprietors of medium sized businesses and lesser professionals, e.g. police chief, registered nurse, teacher 02
administrative personnel of large concerns, owners of small independent businesses, semi-professionals, e.g. clothing shop owner, IBM programmer, florist, accountant 03
clerical, technical assistant 04
skilled workers, e.g. baker, fireman, policeman, painter construction foreman, carpenter, electrician. 05
semi-skilled workers, e.g. truck or equipment operator, nurse's aide, practical nurse, hairdresser, housekeeper, enlisted military. .06
unskilled workers, e.g. laundry worker, farm hand, garbage collector, construction worker, waitress 07
welfare 08
retirement or pension pay 09
don't know. 98

112. DOES ANYONE (ELSE) IN YOUR HOUSEHOLD CURRENTLY RECEIVE AN INCOME THAT IS USED TO SUPPORT THE FAMILY?

yes. 01
no . . . . . .02 *(Go to Q.113)*

113. WHO ELSE HELPS TO SUPPORT THE FAMILY? *(If more than one person is given ask which one provides the main income to the family and circle his/her code).*

MOTHER, STEPMOTHER. 01
FATHER, STEPFATHER. 02
OLDER SISTER/BROTHER. 03
OTHER RELATIVE. 04
OTHER *(Specify)*_____

114. IS HER/HIS JOB FULL-TIME, PART-TIME REGULAR, OR OCCASIONAL PART TIME?

Full time. 01
Regular part time. 02
Occasional part time 03

(If a full time and part time job is reported in Q. 114, ask Q. 115 for the full time job).

115. WHAT KIND OF WORK DOES HE/SHE DO?

Executive and proprietors of large concerns, major professionals, e.g. doctors, lawyers, ocmmissioned officers, athlete, etc. 01
Managers and proprietors of medium-sized business and lesser professionals, e.g., police chief, registered nurse, teacher 02
Administrative personnel of large concerns, owners of small independent businesses, semi-professionals, e.g., clothing shop owner, IBM programmer, florist, accountant 03
Clerical, technical assistance. 04
Skilled workers, e.g., baker, fireman, policeman, painter construction foreman, carpenter, electrician. 05
Semi-skilled workers, e.g., truck or equipment operator, nurse's aide, practical nurse, hairdresser, housekeeper, enlisted military, etc 06
Unskilled workers, e.g., laundry worker, farm hand, garbage collector, construction, laborer, waitress 07
welfare 08
retirement, or pension pay. 09
don't know. 98

116. WHAT IS THE HIGHEST GRADE (S)HE COMPLETED IN SCHOOL? *(Circle # that applies).*

grade school	1	2	3	4	5	6	7	8
high school	9	10	11	12				
college	13	14	15	16				
graduate school	17+							

(If 12 of greater Go to Q. 117, otherwise go to Q.118).

117. WHAT IS THE HIGHEST DEGREE (S)HE RECEIVED?

GED. 01
high school. 02
associate's (two year college) 03
bachelor (four year college) 04
masters. 05
Ph.D.. 06
other *(Specify)*_____

118. WHAT IS THE MAIN LANGUAGE SPOKEN IN YOUR HOME?

English. 01
Spanish. 02
American Indian. 03
Oriental/Pacific Island. 04
other *(specify)*_____

119. PLEASE LOOK AT THIS CARD AND TELL ME WHICH LETTER REPRESENTS YOUR FAMILY'S INCOME, INCLUDING ALL SOURCES:

a. $ - $ 1,000. 01
b. $ 1,001 - $ 2,000. 02
c. $ 2,001 - $ 3,000. 03
d. $ 3,001 - $ 4,000. 04
e. $ 4,001 - $ 5,000. 05
f. $ 5,001 - $ 6,000. 06
g. $ 6,001 - $ 8,000. 07
h. $ 8,001 - $10,000. 08
i. more than $10,000. 09

ARE THERE OTHER THINGS YOU WOULD LIKE TO SAY ABOUT HEAD START (or PRESCHOOL EDUCATION?

THANK YOU VERY MUCH FOR ALL THE TIME YOU HAVE SPENT WITH ME. YOUR EFFORTS WILL HELP US ALOT.

PAY PARENT AND HAVE HIM/HER SIGN PAYMENT RECEIPT.

TIME FINISHED_____AM
PM

(Interviewer: Do not ask these questions, but mark them after the interview.)

Head Start parent. 01
BES parent 02
control parent 03

Ethnicity of Respondent

Hispanic. 01
black/negro, not of hispanic origin 02
white/caucasian, not of hispanic origin . .03
American Indian, or native Alaskan. 04
Asian/Pacific Islander. 05
other *(Specify)*_____

PROBLEM QUESTIONS

Question Number	Problem

Take Consultant page out. where are Starred items of Teacher Interview II

Teacher Interview

Spring, 1979

___	___	___	___	___
___	___	___	___	___
FORM #	HS (1) BES (2)	SITE #	CENTER #	TEACHER #

INTERVIEWER NAME_____

DATE OF INTERVIEW____/____/____
MO. DAY YR.

SITE NAME_____

CENTER NAME_____

TEACHER NAME_____

T3

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES IN WASHINGTON, D.C.---THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT randomly SELECTED HEAD START PROGRAMS ACROSS THE COUNTRY:

- o PROGRAM DIRECTORS
- o CENTER DIRECTORS AND
- o TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATTE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOURSELF AND YOUR CLASS.

BEFORE I START THE INTERVIEW, I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTNCE IN THIS STUDY.

TIME STARTED____AM
PM

SECTION A: BACKGROUND CHARACTERISTICS

1. Do you now or have you ever had a child in Head Start?

   yes. 01
   no . . . . . 02 (GO TO Q.3)

2. Did you begin working with Head Start as a result of your experience with Head Start as a parent?

   yes. 01
   no 02

3. What is your date of birth? ____/____/____
   MONTH/ DAY/YEAR

4. What is the highest grade you completed in school?

   grade school 1 2 3 4 5 6 7 8
   high school 9 10 11 12
   college 13 14 15 16
   graduate school 17+ (IF SOME GRADUATE WORK, PROBE TO FIND OUT IF TEACHER COMPLETED A YEAR OR MORE.)

(IF HIGH SCHOOL GRADUATE OR GREATER, GO TO Q.5, OTHERWISE GO TO Q.6)

5. What is the highest degree you have received?

   high school 01
   GED 02
   CDA Certificate 03
   Associate Degree (two year degree) . . .04
   Bachelor's Degree (four year degree). . .05
   Master's Degree 06
   Ph.D. 07
   other (SPECIFY)_____

   — What was your major?
   1. _____
   2. _____

6. Do you have a CDA (Child Development Associate) Certificate?

   yes 01
   no . . . . . 02 (GO TO Q.8)

7. In what year were you certified? _____ (GO TO Q.10)
year

8. Are you working on a CDA Certificate?

yes 01
no . . . . . 02 (GO TO Q.10)

9. In what year do you expect to be certified? _____
year

10. Are you currently enrolled in a formal education program which will lead to a degree or diploma?

yes. 01
no . . . . . 02 (GO TO Q.14)

11. What is your major field or area of interest?

_____

12. What diploma or degree do you expect to earn?

high school. 01
GED. 02
CDA Certificate. 03
Associate Degree (two year degree). 04
Bachelor Degree (four year degree) . 05
Master's Degree. 06
Ph.D. 07
other (SPECIFY)_____

13. When do you expect to receive this degree or diploma?

_____/_____ (GO TO Q.17)
month/ year

14. Do you plan to enroll in a formal education program in the future which will lead to a degree or diploma?

yes. 01
no . . . . . 02 (GO TO Q.17)

15. What degree or diploma do you expect to earn?

high school 01
GED 02
CDA Certificate 03
Associate Degree (two year degree) . . 04
Bachelor Degree (four year degree) . . 05
Master's Degree 06
Ph.D. 07
other (SPECIFY)_____

16. In what field or specialty are you interested?

_____

17. Which languages do you speak in your Head Start class?

CIRCLE ALL THAT APPLY

English. 01
Spanish. 02
American Indian Language 03
Oriental/Pacific Island 04
other (SPECIFY) _____

SECTION B: WORK EXPERIENCE

18. When did you start to work at this Head Start program either as a volunteer or a paid employee?

_____ / _____
month / year

19. Are you currently working as a full-time employee at Head Start?

yes. 01
no 02

20. What is your present job title (or job titles if you have more than one) and approximately how many months have you had this job(s)?

JOB TITLES	APROXIMATELY HOW MANY MONTHS HAVE YOU HAD THIS JOB?	WHAT IS THE TITLE OF THE PERSON WHO SUPERVISES YOU IN THIS JOB?	HOW MANY PEOPLE DO YOU SUPERVISE IN THIS JOB? (IF ZERO, ENTER 0)
01 Director (Program, Head Start)			
02 Head teacher			
03 Teacher			
04 Teacher's Aide			
05 Education/Curriculum Coordinator			
06 Health Coordinator			
07 Parent Coordinator			
08 Health Aide			
09 Nutritionist			
other (SPECIFY)			
1.			
2.			

(IF MORE THAN ONE JOB IS GIVEN, ASK Q. 21, 22, & 23; OTHERWISE, GO TO Q.24.)

21. Are any of the jobs you mentioned temporary?

yes. 01
no . . . . . .02 (GO TO Q. 23)

22. Which job is temporary? (ENTER TITLE)
1. _____
2. _____

23. Which of the above jobs do you consider your primary job?

_____primary job

24. Have you had any other jobs in this program?

yes. 01
no . . . . . 02 (GO TO Q.26)

25. What was the title of the other job(s)?

(CIRCLE ALL THAT APPLY)

director (Head Start, Program). 01
head teacher. 02
teacher 03
teacher's aide. 04
education/curriculum coordinator. 05
health coordinator. 06
parent coordinator. 07
health aide 08
nutritionist. 09
other (SPECIFY)
1._____
2._____
3._____

26. We would like to find out about the related work experience you have had. I will read you a list of organizations and you tell me how many months of work experience you have had with the organization either as a paid employee or as a volunteer: for example, you have been working at this program since _____/_____ (SEE Q.18) so that would be about _____months and your job title is teacher.

Have you ever worked at:

Organization	No	Yes	What was your job title?	About how many months did you work there?
A. any other Head Start	.02	01	_____	_____
B. preschool other than Head Start.	.02	01	_____	_____
C. kindergarten	.02	01	_____	_____
D. grades one through three . . .	.02	01	_____	_____
E. grades four through six. . . .	.02	01	_____	_____
F. secondary school	.02	01	_____	_____
G. any other related jobs	.02	01		
(SPECIFY)				
1._____			_____	_____
2._____			_____	_____
3._____			_____	_____

27. What are your working hours at Head Start?

Monday. . . . . ____:____ to ____:____
Tuesday . . . . . ____:____ to ____:____
Wednesday . . . . ____:____ to ____:____
Thursday. . . . . ____:____ to ____:____
Friday. . . . . ____:____ to ____:____

T1

SECTION C: SCHEDULING

Let's talk about your schedule for a few minutes. You have told me about your working hours, now I'd like to find out about how you accomplish all that you must do within those hours. I'd like to begin by asking you to tell me what kinds of things you do on a typical day.

o **What time do you arrive?**
(INTERVIEWER: BEGIN CODING ON THE MATRIX AT THIS TIME. PROMPT THE TEACHER TO GIVE YOU HER ENTIRE SCHEDULE FOR A TYPICAL DAY.)

The matrix uses these categories

Teacher Directed Instructions - Activities in which the teacher is demonstrating to the children, asking them questions or describing something to them. This includes times such as 'circle time', 'small group time', etc. ASK THE TEACHER WHAT SHE IS DOING DURING PARTICULAR TIME IF YOU ARE UNCLEAR THAT THEY ARE TEACHER DIRECTED TIMES.

Child Selected - Activity times when the children are free to choose materials or toys to play with. This includes 'free play', 'outdoor play time', etc. During these times, the teacher is not directly interacting with the children other than to direct them to choose an activity. She is not demonstrating, asking, questions, reading to them, etc.

Caregiving - toiletig, dressing, undressing, brushing teeth, taking care of the room, setting up, etc.

Feeding - breakfast, lunch, snacks.

Nap - nap time.

Planning time - Time the teacher sets aside for writing or preparing her lesson plans.

FOR EACH 15 MINUTE PERIOD, CHECK AN APPROPRIATE RESPONSE. IN SOME CASES, THERE MAY BE TWO CHECKS, FOR EXAMPLE, "PLANNING" AND "NAP TIME", THE TEACHER MAY WRITE HER LESSON PLANS WHILE THE CHILDREN NAP, OR THE TEACHER MAY BE WORKING INDIVIDUALLY WITH CHILDREN WHILE THE OTHERS ARE IN CHILD-SELECTED ACTIVITIES; THEREFORE BOTH TEACHER DIRECTED AND CHILD SELECTED ARE CHECKED.

o **How do other days differ?**

time	activity	teacher directed	child selected	care-giving	feed-ing	plan-ning	nap
7:00-7:15							
7:15-7:30							
7:30-7:45							
7:45-8:00							
8:00-8:15							
8:15-8:30							
8:30-8:45							
8:45-9:00							
9:00-9:15							
9:15-9:30							
9:30-9:45							
9:45-10:00							
10:00-10:15							
10:15-10:30							
10:30-10:45							
10:45-11:00							
11:00-11:15							
11:15-11:30							
11:30-11:45							
11:45-12:00							
12:00-12:15							
12:15-12:30							
12:30-12:45							
12:45-1:00							
1:00-1:15							
1:15-1:30							
1:30-1:45							
1:45-2:00							
2:00-2:15							
2:15-2:30							
2:30-2:45							
2:45-3:00							
3:00-3:15							
3:15-3:30							
3:30-3:45							
3:45-4:00							
4:00-4:15							
4:15-4:30							
4:30-4:45							
4:45-5:00							
5:00-5:15							
5:15-5:30							
5:30-5:45							
5:45-6:00							
TOTAL TIME							

28. There may be a number of activities that you perform in your job that do not occur on this weekly schedule. I'd like to ask some specific questions about these things.

In the last month, about how many hours did you spend in the following activities:		o Do you have a regularly scheduled time for this activity?	
		yes	no
Talking with parents individually at the center?	_____ HOURS	01	02
Attending parent meetings?	_____ HOURS	01	02
Talking with other staff about individual parents or children?	_____ HOURS	01	02
Meeting with program coordinators in a group setting? (e.g, Education coordinator)	_____ HOURS	01	02
Talking with program coordinators individually?	_____ HOURS	01	02
Providing social services, for example, making phone calls for referrals to a social service agency?	_____ HOURS	01	02
Providing health services, for example, assisting parents to get medical or dental services for their child?	_____ HOURS	01	02
Driving children or parents to Head Start or to Head Start activities?	_____ HOURS	01	02
Giving training in a group setting?	_____ HOURS	01	02
Giving training in a one-to-one situation?	_____ HOURS	01	02
Performing administrative tasks or paperwork?	_____ HOURS	01	02
Making home visits?	_____ HOURS	01	02

SECTION D: HOME VISITS

Now I would like to ask you a few questions about home visits, your classroom activities and your Head Start training.

29. How often do you visit each of your Head Start families?

never . . . . . .01 (GO TO Q.33)
weekly. 02
every two weeks .03
monthly 04
every two months.05
less than every
two months. . .06

30. What is the major purpose of the home visits that you make?

(HAND TEACHER THE RESPONSE SHEET)

To become acquainted with the parents. 01
To obtain an understanding of the child's home situation 02
To tell the parents how their child is doing in class 03
To teach the parents how to work with the child at home 04
To help the parents obtain social or medical services. 05
Other (SPECIFY)1._____
2._____

31. About how often do you leave books or educational materials with the parents?

never. . . . . 01 (GO TO Q.33)
every visit. . . . . 02 ___
every other visit. 03
not that often 04

32. Do you explain to parents how they can use these books or materials at home to help their child learn?

yes. 01
no 02

SECTION E: TRAINING

Now I would like to ask you a few questions about preservice training and inservice training provided by Head Start. Let's begin with the preservice training. (The training which took place before the center was open to children.)

33. Have you attended any preservice training sessions this school year?

yes. 01
no . . . . . .02 (GO TO Q.40)

34. For this school year, how many days total have you spent in preservice training?

_____ total number of days

35. You told me you have attended _____days of preservice training. About how many total hours would you say this involved?.

_____ total number of hours

(ENTER IN Q.50)

36. In general, how satisfied are you with the preservice training sessions you attended in regard to what was taught and how you were taught?

	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Satisfied
Regarding what was taught would you say you were	01	02	03	04
Regarding how you were taught would you say you were	01	02	03	04

Now that we've discussed preservice training, we would like some information on inservice training that you may have received during the last month.

37. Inservice training may take many forms, one of the forms is through staff training meetings or staff training days. In the past month, have you attended any inservice training sessions?

yes. 01
no . . . . . .02 (GO TO Q.41)

38. During the past month, how many inservice training sessions have you attended?

none. . . . . 00 (GO TO Q.40)
_____ number of sessions

39. About how many hours did you spend in these _____training sessions?

_____ number of hours

40. In general, how satisfied are you with the inservice training sessions you attended in regard to what was taught and how you were taught?

	Extremely Satisfied	Very Satisfied	Somewhat Satisfied	Not Satisfied
Regarding what was taught would you say you were	01	02	03	04
Regarding how you were taught would you say you were	01	02	03	04

41. Here are descriptions of five classes which tell you how each of these teachers teaches. I would like you to read those descriptions and tell me which one sounds most like your own style of teaching. Please take your time while I finish coding some of the information you have alredy given me.

class 1. 01
class 2. 02
class 3. 03
class 4. 04
class 5. 05
none of tht above. . .06

42. Teachers may emphasize different things in their teaching. Please rank each of the following areas as to which ones you emphasize in your own teaching.

(RANK THEM WITH 1 BEING THE MOST EMPHASIZED AND 7 BEING THE LEAST EMPHASIZED.)

sensory motor development. . . . . .____
language development . . . . . .____
group and social skills development. . . . .____
concept development. . . . . .____
academic skills development. . . . . .____
self-esteem development. . . . . .____
motivational development . . . . . .____

(THIS WILL BE ON A SEPARATE SHEET TO BE HANDED TO TEACHERS.)

Classroom 1: Mrs. Green

Mrs. Green's class is very open. The activities she uses with her children are determined by what she sees the children need. She does not use any preplanned sequenced activities, because she wants to concentrate on the "whole child" and his needs. This means that her teaching is directed toward intellectual, language, sensorimotor and socio-emotional development at the same time that she is trying to help the children develop a sense of well-being. She uses no written set of behavioral objectives, because the focus of her classroom changes day by day with what she sees the children need on any particular day.

Classroom 2: Mrs. Jones

Mrs. Jones plans learning activities which are designed to reach specific goals for the children. Mrs. Jones writes these specific goals by assessing the strengths and weaknesses of individual children in her class. She develops and follows a daily plan. She works hard on developing language skills, motor skills, reasoning skills, and social skills. Mrs. Jones selects and organizes the activities within a somewhat structured setting. The materials she uses are often developmentally sequenced and offer guidelines for her teaching.

Classroom 3: Mr. Smith

Mr. Smith has a very structured classroom. He believes that the children in his class will never get anywhere unless they learn the basic rules and concepts involved in language, arithmetic, and reading. He does not work directly on social positive self-concepts when they experience success in learning language, arithmetic and reading. He closely supervises each child in the class. He feels that given the small amount of time he has with the children, it is better for them to study academic skills rather than spend their time playing. He directs all of the learning activities and the children participate in prescribed ways.

Classroom 4: Ms. Johnson

Ms. Johnson's classroom is full of self-instructing materials that are designed so that the children can use them alone. The children are free to choose the materials they want to work with and to pace their own rate of learning. Ms. Johnson has no preplanned activities, but rather has planned her classroom in such a way that the materials do the teaching as the child plays with them. Ms. Johnson has a moderate level of structure in her class. She wants the children to learn rather than learn some specific content.

Classroom 5: Ms. Washington

Ms. Washington uses many activities and materials which she feels will improve cognitive or intellectual development. She is expecially interested in having the children develop abilities in classification, seriation, number, measurement, and space. The children in Ms. Washington's class participate in many well planned activities which are designed to stimulate mental activity. Ms. Washington designs lessons which require the children to manipulate both physically and mentally concrete materials and facts. These learning situations are set up to get reasoning repsonses from the child. Ms. Washington then responds to the child's reasoning, asking for explanation of the child's answers and guiding his use of the materials. The tasks are structured to encourage children to apply reasoning processes to a variety of situations rather than just learning rote answers.

43. Now that you have told me about your teaching style or approach in the classroom I would like to find out about some of the materials, resources or curriculum guides you might use.

What are the primary resource materials, curriculum guides or kits you use to develop and plan your curriculum?

CIRCLE ALL THAT APPLY

Uses own Curriculum.	01
Early Childhood Discovery Materials (Bank Street College).	02
An Activities Handbook for Teachers of Young Children (Croft and Hess).	03
The New Nursey School (Nimnicht)	04
Early Childhood Curriculum: Piaget Program (Weikart). . .	05
Cognitively Oriented Curriculum (Weikart).	06
Inquisitive Games: Discovering How to Learn	07
Inquisitive Games: Exploring Number and Space	08
GOAL: Language Development (Karnes)	09
GOAL: Math (Karnes)	10
Peabody Language Development Kit	11
PEEK Kit	12
Frosting Perceptual Motor Program.	13
Learning to Think (Thurstone).	14
Learning Accomplishment Profile LAP (Sanford).	15
Portage Project.	16
Memphis Program.	17
DISTAR: Language.	18
DISTAR: Reading	19
DISTAR: Math.	20
Alpha Time	21
Readiness Programs	22
Other (SPECIFY)	
1._____	
2._____	
3._____	
4._____	

44. Do you decide which teaching approach and materials to use or do you receive assistance from someone else?

teacher decides alone. 01	(GO TO Q.46)
teacher has assistance 02	

45. Who else is involved in this decision?

CIRCLE ALL THAT APPLY

director (Program, Head Start). 01
education coordinator 02
head teachers 03
teachers. 04
aides 05
parents 06
public school staff 07
other (SPECIFY) 1._____
2._____
3._____

46. About how much time during the day does someone read to the children? (IF 0 ENTER 0)

_____minutes

47. When you are working on the individual needs of a child, which one of the following activities do you do most often? (HAND TEACHER RESPONSE SHEET)

Do you:

join the child and work on the activity he is already engaged in? 01
take the child aside and work on a particular activity or skill in which he needs help?. 02
provide the child with individual materials or procedures that he can use within the large group activities? 03
group children into small groups all of whom need the same kind of help?. 04

48. At the beginning of the school year, how do you find out about the developmental levels of each child in your class?

CIRCLE ALL THAT APPLY

informal observation. 01
discussion with parents 02
discussion with program staff 03
look at child's records 04
administer criterion referenced checklist 05
refer for testing 06
administer diagnostic measures. 07
informal assessment devices 08

(IF RESPONSE 07 OR 08 IS CIRCLED, GO TO Q.49; OTHERWISE GO TO Q.50.)

49. **Which diagnostic measures do you use?**

CIRCLE ALL THAT APPLY

Denver Developmental Screening Test (DDST). 01
Peabody Picture Vocabulary Test (PPVT). 02
Learning Accomplishment Profile (LAP) 03
Portage Guide to Early Education 04
Santa Clara Inventory of Development (IOD). 05
School Before Six. 06
other (SPECIFY)
1._____
2._____
3._____

50. **During the year, do you also assess the children's developmental progress?**

yes. 01
no . . . . . .02 (GO TO Q.53)

51. **What instruments do you use to assess the children's developmental progress?**

	CIRCLE ALL THAT APPLY	daily	at least weekly	at least monthly	2 times/ year
01	Denver Developmental Screening Test (DDST)	01	02	03	04
02	Peabody Picture Vocabulary Test (PPVT)	01	02	03	04
03	Learning Accomplishment Profile (LAP)	01	02	03	04
04	Portage Guide to Early Education	01	02	03	04
05	Santa Clara Inventory of Development (IOD)	01	02	03	04
06	School Before Six	01	02	03	04
	other (SPECIFY)				
	1._____	01	02	03	04
	2._____	01	02	03	04
	3._____	01	02	03	04

(FOR ANY OF THE RESPONSES WHICH ARE CIRCLED IN Q. 51, ASK Q. 52.)

52. **How often do you usually use this instrument?**

(CIRCLE THE APPROPRIATE RESPONSE CATEGORY IN Q. 51.)

11.20

SECTION F: ATTITUDES

53. I am going to read some statements to you that other teachers have made. I would like you to tell me if you strongly agree, agree mildly, are not sure, disagree mildly or strongly disagree with each of them. There is no right or wrong answer. We'd just like to know how you feel. Here are a list of statements which teachers might make. Please read them and indicate if you:

			(CIRCLE ONE CODE PER LINE)		
	strongly disagree	mildly disagree	not sure/ uncertain	mildly agree	strongly agree
A. There is little parents should do about preschool practices and policies	01	02	03	04	05
B. Parents are eager to hear my ideas about how to work with their children	01	02	03	04	05
C. Once a child is in the preschool, it is the preschool's responsibility for his/her education	01	02	03	04	05
D. No matter how well educated a parent is, he doesn't know enough about teaching young children to be able to give a teacher advice	01	02	03	04	05
E. What a parent teaches her child at home is very important to his/her success	01	02	03	04	05
F. Parents cannot do much to change what happens at Head Start	01	02	03	04	05
G. Parents want me to tell them how to help their children	01	02	03	04	05
H. It is not up to parents to teach the children once they are in Head Start	01	02	03	04	05

	strongly disagree	mildly disagree	not sure/ uncertain	mildly agree	strongly agree
I. Since parents lack special training in education, they should not question the teacher's teaching methods	01	02	03	04	05
J. Parents can teach children many things that will help them in Head Start	01	02	03	04	05
K. Parents cannot have a meaningful effect on Head Start	01	02	03	04	05
L. Parents want me to help them do a better job of teaching their children at home	01	02	03	04	05
M. Once a child is in school there is little a parent can do at home to help educate him/her	01	02	03	04	05
N. Because of all a teacher's training and experience, parents should not try to tell her how to teach	01	02	03	04	05
O. A parent's help and interest at home are absolutely necessary for a child to succeed in school	01	02	03	04	05
P. Parents should not interfere since teachers know more about what children should be taught	01	02	03	04	09

This concludes our interview. I would like to take this time and opportunity to thank you for your time and cooperation.

TIME FINISHED____ AM
PM

All numbers will change

PROGRAM DESCRIPTION INTERVIEW

Spring, 1979

___ _ ___ ___

___ _ ___ ___

FORM # HS (1) BES (2) SITE # CENTER # _

INTERVIEWER NAME_____

DATE OF INTERVIEW____/____/____

MO. DAY YR.

SITE NAME_____

CENTER NAME_____

TIME STARTED _____ AM
PM

SECTION I. PROGRAM BACKGROUND DATA.

PROGRAM NAME _____

ADDRESS _____
STREET NUMBER STREET NAME

_____
CITY STATE ZIP

PHONE NUMBER ( ) _____
AREA CODE TELEPHONE # EXTENSION

PROGRAM DIRECTOR
OR RESPONDENT _____
JOB TITLE (~~DR., MS., MR., ETC.~~)

Mr.
Ms.
Mrs.
Dr.

_____
FIRST NAME MI LAST NAME

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES IN WASHINGTON, D.C.--THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT randomly SELECTED HEAD START PROGRAMS ACROSS THE COUNTRY:

- o PROGRAM DIRECTORS
- o CENTER DIRECTORS AND
- o TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATTE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOURSELF AND YOUR CLASS.

BEFORE I START THE INTERVIEW, I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTNCE IN THIS STUDY.

INFORMATION OBTAINED FROM THE

SECTION II: PROGRESS INFORMATION REPORT (PIR)

(PROGRAM DESCRIPTION INTERVIEW)

~~This is background information we have collected from your most recent PROGRAM INFORMATION REPORT (P.I.R.). Would you glance at it and tell me if this information is still accurate?~~

1 Type of Grantee (where appropriate)

→ SALIE ITEMS

2X. Type of delegate agency: (PIR-4) (where appropriate)

City.	01
Local Community Action Agency . . .	02
School System	03
Institute Of Higher Learning (College, University)	04
Private Non-profit Organization . .	05
Other (SPECIFY)_____ . .	06

3Z. Area Served: (PIR-4)

City.	01
County.	02
City/County	03
Multi-County.	04

43. Type Of Programs Offered: (PIR-5)

Part Day.	01
Full Day.	02

5X. Staff:
Ethnicity
(ENTER TOTAL NUMBER IF 0 ENTER 0)
(PIR-8)

	TOTAL	BES
White (Not of Hispanic Origin)	____	____
Black (Not of Hispanic Origin) . . .	____	____
Hispanic.	____	____
Asian/Pacific Islander.	____	____
American Indian/Native Alaskan. . .	____	____
Other (SPECIFY)		
1. _____ . . .	____	____
2. _____ . . .	____	____
3. _____ . . .	____	____
Total Number Of CYF Paid Staff. . .	____	

5. How Many On Your Staff Are: (IF 0 ENTER 0) (PIR-9)

	TOTAL
CDA Credentialed Paid By ACYF.	____
With B.A. In Early Childhood Paid By ACYF	____
Head Start Parents Paid by ACYF. . . .	____
Volunteers (PIR 11-A).	____

6. Full Day Programs (If 0 enter 0.) (PIR-14)

	TOTAL
Total Number Of Centers Operated.	____
Total Number Of Classrooms.	____
Total Number Of Days Of Operation For This Program Year	____
Total Number Of Hours Of Classroom Operation Per day.	____

7. Part Day Programs (If 0 enter 0.)

	TOTAL
Total Number Of Centers Operated.	____
Total Number Of Classrooms.	____
Total Number Of Days Of Operation For This Program Year:	
Standard H.S. Model.	____
Variation In Attendance.	____
Double Session	____
Home Based	____
Locally Designed Options	____
Total Number Of Hours Of Classroom Operation Per Day.	____

8. Enrollment (ENTER TOTAL NUMBER IF 0 ENTER 0) (PIR-15)

	TOTAL
Planned Enrollment.	____
Actual Enrollment	____
Total Number Above Poverty Level	____
Total Number Below Poverty Level	____
Total Number Of Drop-Outs	____

9. **Ethnic Composition Of Children Served:**
(ENTER TOTAL NUMBER
IF 0 ENTER 0)
(PIR-15 B3)

	TOTAL	BES
White . (Not of Hispanic Origin)	____	____
Black . (Not of Hispanic Origin) . .	____	____
Hispanic.	____	____
Asian/Pacific Islander.	____	____
American Indian/Alaskan Native. . .	____	____
Other (SPECIFY)		____
1. _____ . . .	____	
2. _____ . . .	____	

10. **Age Composition: Number Of**
(IF 0 ENTER 0)
(PIR-15 B4)

	TOTAL	
3 Year Olds And Younger	____	____
4 Year Olds	____	____
5 Year Olds	____	____
6 Year Olds	____	____

SECTION III: STAFFING AND CENTER DATA

11. In addition to this information we have acquired from the P.I.R., there are a few more questions we would like to ask about your program.

Would you please complete the chart on the next page for all key staff who report to the Program Director rather than to a Center Director. (i.e., If a staff member is responsible to the program rather than to a particular center.)

Please begin the chart with the Program Director.

Do not include: Accountants
Secretary
Bookkeeper
Cook
Bus driver
Consultant

Employment Status. . .CIRCLE APPROPRIATE CODE

Ethnicity. . . . . .CIRCLE APPROPRIATE CODE

White, Not Of Hispanic Origin.W
Black, Not Of Hispanic Origin.B
Hispanic . . . . . .H
Pacific Islander . . . . . .PI
American Indian. . . . . .AI
Other. . . . . .O

Degree . . . . . .CIRCLE APPROPRIATE CODE

Less Than High School. . . . LH
High School. . . . . HS
Associate Degree (2 Yrs.). . AD | ENTER
Bachelors Degree (4 Yrs.). . BA | Subject/Major.
Masters Degree . . . . . MA
PHD. . . . . PH

Subject-Major. . . . . .Written Entry

CDA Status. . . . . .CIRCLE APPROPRIATE CODE

Length Of Time In
This Position . . . .Enter Years And Months

Physical Location
Of Office . . . . . .CIRCLE APPROPRIATE CODE

Delegate/Program Office. . . . D
Center Office. C
Other Office . . . . . O

Language Spoken Other
Than English. . . . .CIRCLE ALL THAT APPLY

Spanish. . . . . S
American Indian. . . . . AI
Asian. . . . . A
European . . . . . E
Other. . . . . O

	(PRINT) Name	(PRINT) Title	Employment Status Circle One				Personal Info			Education			CDA Status		length of time in this position	physical loc tion of offi	language spo ken other th English
			full time	part time	volun-teer	CDA/ VIN	ethni-city		sex	high-est degree		sub-ject major	attain-ed	cur-rently enroll-ed			
11.			01	02	03	04	W B H PI AI O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
12.			01	02	03	04	W B H PI AI O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
13.			01	02	03	04	W B H PI AI O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
14.			01	02	03	04	W B H PI AT O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
15.			01	02	03	04	W B H PI AI O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
16.			01	02	03	04	W B H PI AI O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
17.			01	02	03	04	W B H PI AI O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
18.			01	02	03	04	W B H PI AT O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
19.			01	02	03	04	W B H PI AT O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O
20.			01	02	03	04	W B H PI AT O		M F	LH HS AD BA MA PH SC			01	02	yrs. mos.	D C O	S A AI E O

SECTION IV: PROGRAM ADMISSIONS Respondent Title:_____

* 14. How do parents most often find out about your program? Do you use any of the following methods?

	NO	YES
Door-To-Door Recruitment Campaign.	02	01
Posters In Housing Projects, Grocery Stores, Community Centers, Etc.	02	01
Radio, Or Newspaper Ads.	02	01
Word-Of-Mouth.	02	01
Older Children Were In Head Start.	02	01

Other (SPECIFY)

1._____
2._____
3._____

* 15. If you are unable to serve all the families who sign up for Head Start, how do you decide whom to serve?

We have always been able to accept all that apply. 01 (GO TO Q.16)

	NO	YES	RANK
By:Lowest Income First.	02	01	____
First Come-First Served.	02	01	____
Handicapped.	02	01	____
Older Head Start Siblings.	02	01	____
Other (specify)			
1._____			____

* 16. Please rank these _____ in order of importance with 1 Being the most important.

(total number)
(circled yes above) —

(INTERVIEWER: READ EACH CIRCLED CATEGORY AND HAVE RESPONDENT RANK. IF ONLY 1 CATEGORY CIRCLED, ENTER 1 AND GO TO Q.16.)

* 17. Who is involved in setting admissions policy?

CIRCLE ALL THAT APPLY

agency has a policy we follow. 01
Program Director 02
Center Director. 03
Teacher. 04
Coordinators 05
Parent Advisory Committee. 06
other (SPECIFY)
1._____

* 18. Most communities offer several different arrangements for providing education to 5 year olds in their area. (Kindergartens, Day Care, etc.) What provisions are available for the education of 5 year olds in your area?

	YES	NO
Mandatory Public Kindergarten.	01	02
Optional Public Kindergarten	01	02
Private Kindergarten	01	02
Public Day Care.	01	02
Private Day Care	01	02
Continue In Head Start	01	02

Other (SPECIFY)

1. _____ . .

SECTION V: TRAINING

Respondent Title: _____

The next questions concern preservice and inservice training.

20. Did you offer preservice training sessions to your staff this school year?

yes. 01
no . . . . . 02 (GO TO Q.40)

21. How many total days of preservice training did your staff have?

_____ days

22. For the _____ days of training about how many hours in all did this include?

_____ total hours

23. How many of the following persons participated in most of the preservice training sessions? (IF 0, ENTER 00.)

Head Start Teachers. . . . . _____
Paid Classroom Aides . . . . . _____
Volunteer Classroom Aides. . . . . _____
Program Administrators . . . . . _____
Program Coordinators . . . . . _____
Parents. . . . . _____
Public School Teachers . . . . . _____
other (SPECIFY)
1. _____ . . _____
2. _____ . . _____
3. _____ . . _____

24. Now I would like to find out about how the training sessions were conducted and what subject matter and topics were discussed.

How were the preservice training sessions conducted?	No	Yes
A. Lectures.	.02	01
B. Preparation of Classroom Materials	.02	01
C. Group Discussions	.02	01
D. One To One Supervisor To Teacher Training.	.02	01
E. other (SPECIFY) 1._____ 2._____		

Were the following topics or areas discussed?

F. Problems regarding individual children or families.	.02	01
G. Staff or center problems. . . .	.02	01
H. Administrative methods.	.02	01
I. Planning classroom activities .	.02	01
J. Completing administrative paperwork	.02	01
K. Health issues	.02	01
L. Parent involvement.	.02	01
M. General program operations. . .	.02	01
N. Service to the handicapped. . .	.02	01
O. Social Service.	.02	01
P. Bilingual/Bicultural training .	.02	01
Q. Teaching methods.	.02	01

What topics were discussed?
1._____
2._____
3._____

R. Teaching materials.	.02	01

What kind of teaching materials?
1._____
2._____
3._____

S. Classroom activities.	.02	01

What kind of classroom activities?
1._____
2._____
3._____

FOR BES ONLY	T. BES Guidelines	.02	01. . . . .
		NOT BES . .	03

25. Now that we've discussed preservice training, we would like some information on inservice training which might take place in your program.

Inservice training may take many forms. One of the forms is through staff training meetings or staff training days. Do you set aside a time to meet regularly for training?

yes. 01
no 02

26. In the past month, how many inservice training sessions have you held? (IF ZERO ENTER 00). (GO TO Q.30)

_____ number of training sessions

27. Altogether about how many hours did the _____ (number of training sessions) inservice training sessions last?

_____ number of hours

28. In the past month who attended these inservice training sessions?

	yes	no
Teachers.	01	02
Paid aides.	01	02
Volunteer aides	01	02
Program administrators.	01	02
Program coordinators.	01	02
Parents	01	02
Public school staff	01	02

other (SPECIFY)

1. _____
2. _____

29. Now I would like to find out about how the inservice training sessions were conducted and what subject matter and topics were discussed.

How were the inservice training sessions conducted?	No	Yes
A. Lectures	.02	01
B. Preparation of Classroom Materials	.02	01
C. Group Discussions	.02	01
D. One To One Supervisor To Teacher Training	.02	01
E. other (SPECIFY) 1._____ 2._____		

Were the following topics or areas discussed?

F. Problems regarding individual children or families	.02	01
G. Staff or center problems	.02	01
H. Administrative methods	.02	01
I. Planning classroom activities	.02	01
J. Completing administrative paperwork	.02	01
K. Health issues	.02	01
L. Parent involvement	.02	01
M. General program operations	.02	01
N. Service to the handicapped	.02	01
O. Social Service	.02	01
P. Bilingual/Bicultural training	.02	01
Q. Teaching methods	.02	01

What topics were discussed?
1._____
2._____
3._____

R. Teaching materials	.02	01

What kind of teaching materials?
1._____
2._____
3._____

S. Classroom activities	.02	01

What kind of classroom activities?
1._____
2._____
3._____

FOR BES ONLY T. BES Guidelines	.02	01
	NOT BES	03

SECTION VI PARENT INVOLVEMENT

30. Does your program conduct workshops or classes especially for parents?

yes. 01
no . . . . . 02 (GO TO Q.37)

31. Was a workshop or class held within the last month?

yes. 01
no . . . . . 02 (GO TO Q.36)

32. How many sessions have you held in the last month?

_____ number of sessions

33. About how many total hours would you say this involved?

_____ total hours

34. In the past month, how many parents from ___(Center Name)_____ attended these sessions?

_____ number of parents

35. Now I would like to ask you a few questions about the parent training sessions that have been held this year.

How were the parent training sessions conducted?	No	Yes
a. Lectures.	02	01
b. Preparation of Materials For Parents To Use With The Child.	02	01
c. Group Discussions	02	01
d. One To One Staff To Parent Training	02	01
e. other (SPECIFY) 1._____		

What subject areas and topics were discussed?

f. Emotional Develompent	02	01
g. Cognitive/Intellectual Development	02	01
h. Teaching Activities For The Homes	02	01
i. Language Development.	02	01
j. Physical Development.	02	01
k. Health And Health Care.	02	01
l. Nutrition	02	01
m. Handicapping Conditions	02	01
n. Community Involvement	02	01
(BES ONLY) o. BES Guidlines.....	02	01 03 (NOT BES)

p. other(SPECIFY)

1._____ . .
2._____ . .
3._____ . .

36. How are parents informed about the training sessions?

Circle all that apply

Parents Request Sessions. 01
Announcements Posted At The Center. 02
Notes Sent To Parents 03
Parents Called. 04
Parents Told When They Pick Up Or Bring Children. 05
other (SPECIFY)

1. _____
2. _____
3. _____

* 37. How often does the parent policy council meet?

weekly. 01
every other week. 02
monthly 03
every other month 04
other (SPECIFY) _____ . . 05

X 38. How many parents attended the last parent policy council meeting?

_____ number of parents

X 39. Who else, besides parents, attends the policy council meetings?

	yes	no
Teachers	.01	02
Director	.01	02
Parent Coordinator	.01	02
other (SPECIFY)		
1. _____ . .		
2. _____ . .		
3. _____ . .		

X 40. What are the roles of these other people in the meetings?

Do They:	yes	no
Conduct the meetings	.01	02
Serve As Advisors.	.01	02
Serve As Committee Members	.01	02
Observe.	.01	02
other (SPECIFY) _____ .		

X 41. Does the parent policy council make decisions on the following issues?

	yes	no
Services Or Activities For Parents	.01	02
Services Or Activities For Children. . . .	.01	02
Curriculum	.01	02
Budget	.01	02
Staff Issues (e.g. Hiring/Firing).	.01	02
other (SPECIFY)		
1. _____		
2. _____		
3. _____		

42. Do you have a "lending library" that parents can visit to get ideas or borrow materials to use at home?

yes. 01
no . . . . . 02 (GO TO Q.46)

43. How many of your parents make use of the library each week?

_____ number of parents

44. How many of your _____ parents ever make use of the library?

_____ number of parents

45. What kinds of materials are available in your lending library?

	yes	no
Books On Parenting Skills.	01	02
Children's Books	01	02
Cookbooks.	01	02
Manipulative Materials, Such As Blocks, Tinkertoys, Etc.	01	02
Filmstrips, Projectors	01	02
Records, Record Players.	01	02
Educational Kits	01	02

other (SPECIFY)

1. _____
2. _____
3. _____

46. Have you developed methods to encourage parents to work at home with their children in teaching basic skills?

yes. 01
no . . . . . 02 (GO TO Q 97. HS SITES: STOP. THANK DIRECTOR. ENTER TIME INTERVIEW COMPLETED.)

47. Please describe the methods.

_____
_____
_____

BES SITES (GO TO QUESTION 97)

TIME COMPLETED AM PM

BES ONLY 19. What arrangements did you have to make for entry into the schools in which your BES children will attend?

did not make arrangements . . . . . .01 (GO TO Q. 19A)

	YES	NO
Negotiations With School Boards.	01	02
Negotiations With Parents.	01	02
Transportation Arrangements.	01	02
Potential Reimbursement Of School Districts And/Or Schools.	01	02
Waivers Of School District Policies.	01	02
Waivers Of Desegregation Requirements.	01	02
other (SPECIFY)		
1. _____ . .	01	02
2. _____ . .	01	02
3. _____ . .	01	02

BES 19a. What schools will your BES children enter after completing your program? Please tell me the names, locations and approximate number of children from your program entering each in the fall.

School Name	City	State	About How Many Of Your Center's Children Will Enter This School In The Fall Of 1980
1.			
2.			
3.			
4.			
5.			
6.			

CDI

CENTER DESCRIPTION INTERVIEW

Spring, 1979

___	_	___	___	
___	_	___	___	_
FORM #	HS (1) BES (2)	SITE #	CENTER #	

INTERVIEWER NAME _____

DATE OF INTERVIEW ____ / ____ / ____

MO. DAY YR.

TIME STARTED _____ AM
PM

SECTION I. CENTER BACKGROUND DATA.

Respondent Title: _____

CENTER NAME _____

ADDRESS _____
STREET NUMBER STREET NAME

_____
CITY STATE ZIP

PHONE NUMBER ( ) _____
AREA CODE TELEPHONE # EXTENSION

CENTER DIRECTOR
OR RESPONDENT _____
JOB TITLE ~~(DR., MS., MR., ETC.)~~

_____
FIRST NAME MI LAST NAME

BEFORE WE BEGIN, I WANT TO MENTION AGAIN OUR PURPOSE FOR TALKING WITH YOU. I WORK FOR A COMPANY CALLED NTS RESEARCH CORPORATION. WE ARE COLLECTING INFORMATION ABOUT HEAD START PROGRAMS FOR THE ADMINISTRATION FOR CHILDREN, YOUTH AND FAMILIES IN WASHINGTON, D.C.——THE HEW AGENCY WHICH ADMINISTERS THE HEAD START PROGRAM. WE ARE ASKING QUESTIONS OF STAFF MEMBERS AT randomly SELECTED HEAD START PROGRAMS ACROSS THE COUNTRY:

- PROGRAM DIRECTORS
- CENTER DIRECTORS AND
- TEACHERS

WE ARE HOPING THAT THESE STAFF MEMBERS CAN PROVIDE US WITH AN ACCURATTE PICTURE OF THE HEAD START PROGRAM AT WHICH THEY WORK AND CAN OFFER US SOME VALUABLE INSIGHTS INTO ITS DAY TO DAY OPERATIONS.

ANSWERING THESE QUESTIONS IS VOLUNTARY. THE ANSWERS THAT YOU GIVE ME WILL BE USED ONLY FOR THE PURPOSE OF STUDYING THE PROVISION OF EDUCATIONAL SERVICES TO CHILDREN IN HEAD START. IF THERE ARE ANY QUESTIONS THAT YOU DO NOT WISH TO ANSWER, YOU ARE FREE TO SKIP THEM.

I WOULD APPRECIATE WHATEVER HELP YOU CAN OFFER IN ANSWERING THE FOLLOWING QUESTIONS ABOUT YOURSELF AND YOUR CLASS.

BEFORE I START THE INTERVIEW, I WOULD LIKE YOU TO COMPLETE THIS CONSULTANT FORM WHICH WILL ALLOW US TO PAY YOU A $10.00 FEE FOR YOUR ASSISTNCE IN THIS STUDY.

TIME STARTED _____ AM
PM

1. (INTERVIEWER: COMPLETE THIS QUESTION BY YOUR OWN OBSERVATION.)

PLEASE DESCRIBE THE GENERAL FACILITIES:

SCHOOL BUILDING 01
CHURCH 02
RECREATION CENTER 03
(SPECIFY)_____04

2. How would you describe the area served by your center?

city. 01
city/county . . 02
county. 03
multi-county. . 04

3. How far from the center do most of the children and parents live?

less than 2 miles. 01
2 - 5 miles. 02
more than 5 miles. 03

4. How are the children transported from home to center?

	YES	NO
walk.	01	02
parents drive	01	02
public transportation	01	02
program bus or transportation	01	02
other (SPECIFY) 1._____		
2._____		
3._____		

5. What type of program do you offer, that is, is it:

	YES	NO
full day? (4 or more hours).	.01	02
part day? (Less than 4 hours)	.01	02
home based?	.01	02
locally designed option?	.01	02
double session? (Different group of children in session in morning and in the afternoon)	.01	02

6. What is the total number of classes held at this center? (By class, we mean groups of children, not classrooms.)

_____total number of Head Start classes
_____total number of BES classes

7. Now I would like to ask you a few questions about each of the _____classes in your center. Let's begin by listing the classes by teacher name. If a teacher has more than one class (group of children) we will list the teacher's name twice, etc. Let's begin. . .

7A. Indicate if Head Start (HS) or BES (BES) class.

7B. Please give me the teacher's name for each class (group of children) in your center. (PRINT NAMES IN COLUMN B)

NOTE: COMPLETE QUESTIONS 7C THROUGH 7E BY TEACHER LINE. (ACROSS THE TABLE)

7C. What is the total number of children in (TEACHER NAME) class?

7D. At the beginning of the school year, how many of the children in this class were 3 year olds? 4 year olds? and 5 year olds?

7E. For each day of the week, what are the hours for the class? (IF CLASS IS NOT HELD ENTER AN X THROUGH THE CORRESPONDING BOX.)

HS/ BES	TEACHER'S NAME	TOTAL # OF CHILD-REN	TOTAL # OF CHILDREN (BY AGE GROUPS) 3	4	5	TIME INTERVALS Mon.	Tues.	Wed.	Thurs.	Fri.
	1.					To	To	To	To	To
	2.					To	To	To	To	To
	3.					To	To	To	To	To
	4.					To	To	To	To	To
	5.					To	To	To	To	To
	6.					To	To	To	To	To
	7.					To	To	To	To	To
	8.					To	To	To	To	To
	9.					To	To	To	To	To
	10.					To	To	To	To	To
	11.					To	To	To	To	To
	12.					To	To	To	To	To
	13.					To	To	To	To	To
	14.					To	To	To	To	To
	15.					To	To	To	To	To
	16.					To	To	To	To	To
	17.					To	To	To	To	To
	18.					To	To	To	To	To
	19.					To	To	To	To	To
	20.					To	To	To	To	To

CDI.9

		HEAD START TOTAL	BES TOTAL
9.	What is your total enrollment now for the whole center?	____	____
10.	What is your average daily attendance for the whole center?	____	____
11.	For this school year, how many children have you had leave this center? (IF 0, ENTER 0)	____	____
12.	What is the ethnic composition of the children you serve? How many are: (IF 0, ENTER 0)		
	White (not of Hispanic origin).	____	____
	Black (not of Hispanic origin).	____	____
	Hispanic.	____	____
	Pacific Islander/Asian.	____	____
	American Indian/Native Alaskan.	____	____
	other (SPECIFY)		
	1. _____	____	____
	2. _____	____	____
	3. _____	____	____
13.	About how many children in your center cannot speak English fluently because they have another primary language?		
	_____number of children		
	(IF NONE ENTER 00)		
	(IF 00 GO TO Q.15)		
14.	Of these _____(NUMBER) children, how many speak the following languages as their primary language? (IF 0 ENTER 0)		
	Spanish	____	____
	American Indian Language.	____	____
	Asian Languages	____	____
	others (SPECIFY)		
	1._____	____	____
	2._____	____	____
	3._____	____	____
15.	How long has your center been a Head Start Center?		
	_____years _____months		

SECTION II. PROGRAM ADMISSIONS.

Respondent Title: _____

16. Would you please complete the chart on the next page for all key staff in your center who report to the center director rather than to the delegate or grantee?

(PLEASE START WITH THE RESPONDENT)

Employment Status. . .CIRCLE APPROPRIATE CODE

Ethnicity. . . . . .CIRCLE APPROPRIATE CODE

White, Not Of Hispanic Origin.W
Black, Not Of Hispanic Origin.B
Hispanic . . . . . .H
Pacific Islander . . . . . .PI
American Indian. . . . . .AI
Other. . . . . .O

Degree . . . . . .CIRCLE APPROPRIATE CODE

Less Than High School. . . . LH
High School. . . . . HS
Associate Degree (2 Yrs.). . AD
Bachelors Degree (4 Yrs.). . BA
Masters Degree . . . . . MA
PHD. . . . . PH

ENTER Subject/Major.

Subject-Major. . . . . .Written Entry

CDA Status. . . . . .CIRCLE APPROPRIATE CODE

Length Of Time In This Position . . . .Enter Years And Months

Physical Location Of Office . . . . . .CIRCLE APPROPRIATE CODE

Delegate/Program Office. . . . D
Center Office. C
Other Office . . . . . O

Language Spoken Other Than English. . . . .CIRCLE ALL THAT APPLY

Spanish. . . . . S
American Indian. . . . . AI
Asian. . . . . A
European . . . . . E
Other. . . . . O

THIS QUESTION WILL NOT BE RE-ADMINISTERED, BUT WILL BE UPDATED YEARLY.

(PRINT) Name	(PRINT) Title	Employment Status Circle One: full time	part time	volunteer	CETA/TTN	Personal Info: ethnicity W B H PI AI O	sex M F	Education: highest degree LH HS AD BA MA MI	subject major	CDA Status: attained	currently enrolled	length of time in child position ____yrs. ____mos.	physical location of office D C O	language spoken other than English S A O AI E
1.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
2.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
3.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
4.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
5.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
6.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
7.		01	02	03	04	W B H PI AI O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
8.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
9.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E
10.		01	02	03	04	W B H PI AT O	M F	LH HS AD BA MA MI		01	02	____yrs. ____mos.	D C O	S A O AI E

17. Do any other people provide services to the center other than the staff you just described? (For example, a Speech Therapist, Physician, etc.)

yes. 01
no . . . . .02 (GO TO Q.20)

18. What kind of person provides these services?

CIRCLE ALL THAT APPLY	Private	School System	Grantee	Delegate	Other (Specify)	Specify
Speech Therapist. . . . . .01..	..01	02	03	04	05	
Physician . . . . . .02..	..01	02	03	04	05	
Dentist . . . . . .03..	..01	02	03	04	05	
Psychologist. . . . . .04..	..01	02	03	04	05	
Social Worker . . . . . .05..	..01	02	03	04	05	
Nurse . . . . . .06..	..01	02	03	04	05	
Occupational Therapist. . .07..	..01	02	03	04	05	
other (Specify)						
1._____.	..01	02	03	04	05	
2._____.	..01	02	03	04	05	

(FOR EACH CIRCLED RESPONSE ASK Q.19.)

19. Through which organization(s) is this person funded?

(CIRCLE APPROPRIATE FUNDING CODE IN Q. 18).

20. Communication between preschool programs and public schools takes place for many reasons. Which of the following do you discuss with public school officials?

almost no communication . . . . . .01 (GO TO Q.21)

	YES	NO
Funding	01	02
Staff Training.	01	02
Parent Involvement.	01	02
Curriculum.	01	02
Individual Children	01	02

other (SPECIFY)

1. _____
2. _____
3. _____

SECTION III: CONTINUITY WITH PUBLIC SCHOOLS

Respondent Title:_____

21. Which of the following do you share with the public schools in your area?

	YES	NO
use of buildings.	.01	02
use of offices	.01	02
use of administrative personnel (e.g., accountants, payroll)	.01	02
use of consultants from the school system .	.01	02
use of coordinators of programs in the schools	.01	02
use of transportation system.	.01	02
use of teachers	.01	02
use of supervisors.	.01	02

others (SPECIFY)

1._____
2._____

IF CODE 01 IS CIRCLED FOR TEACHERS OR SUPERVISORS, GO TO Q.22 OTHERWISE, GO TO Q.23

22. How often do you use their teachers and supervisors?

	daily	2-3 times a week	weekly	less than weekly
teachers.	01	02	03	04
supervisors . . .	01	02	03	04

23. What are the tasks or duties of these teachers and supervisors?

teachers	supervisors
1._____	1._____
2._____	2._____
3._____	3._____

24. What activities do you perform to prepare Head Start children for the public schools?

	YES	NO
public school teachers attend training with Head Start teachers	01	02
public school teachers visit Head Start classrooms	01	02
Head Start parents visit public schools	01	02
Head Start children regularly visit public schools	01	02
Head Start children visit public schools prior to enrollment	01	02
role playing in Head Start	01	02
emphasize academic skills development	01	02
emphasize social skill development	01	02
teach children to follow directions and to understand rules	01	02
exchange of teachers between public school and Head Start	01	02

others (SPECIFY)

1. _____
2. _____
3. _____

25. How would you describe the relationship you have with your local public schools?

Would you say the relationship is:

excellent 01
good. 02
fair. 03
difficult or strained . . .04
there is no relationship. .05

26. How frequently do you have contact with the following people in your program?

	no communication	almost daily	2 - 3 times a week	weekly	less than weekly
program director	01	02	03	04	05
other center directors	01	02	03	04	05
teaching staff	01	02	03	04	05
non-teaching staff, (e.g., education coordinator	01	02	03	04	05
most parents	01	02	03	04	05

SECTION V: COMMUNITY RESOURCES Respondent Title:_____

27. There are a variety of resources available in a community. I'd like to read to you a list of service resources. Please tell me if the resource is available in your community and if so has the Head Start center ever used it. By used we mean that the center used the resource directly or it referred a Head Start family to the resource.

	(CIRCLE ONE CODE PER LINE) NOT AVAILABLE	AVAILABLE AND USED	AVAILABLE AND NOT USED	DON'T KNOW
Public Health Clinic.	01	02	03	98
Mental Health Clinic.	01	02	03	98
Child Guidance Clinic	01	02	03	98
Speech Therapy Clinic	01	02	03	98
Psychological Services.	01	02	03	98
Family Counseling Agencies.	01	02	03	98
Family Planning Services.	01	02	03	98
Nutrition Services.	01	02	03	98
Local Hospital.	01	02	03	98
Community Work And Training Programs.	01	02	03	98
Housing Authority	01	02	03	98

28. Teachers may receive supervision in a program from any of a number of people depending upon how the organization of the program is set up. For the following questions I am referring to the person in your program who provides the teachers with supervision, whether it is the director, a lead teacher or a curriculum coordinator.

On the average, how often does this person visit in a teacher's class?

daily 01
weekly. 02
monthly 03
twice a year or less. .04

29. Is there a set schedule for this visit or is the visit by need?

(CIRCLE ALL THAT APPLY)
scheduled visit. 01
need visit 02

SECTION VII: CURRICULUM

X 30. **Here are descriptions of five classes which tell you how each of these teachers teaches. I would like you to read these descriptions and tell me which one sounds most like your own style of teaching. Please take your time while I finish coding some of the information you have alredy given me.**

class 1. 01
class 2. 02
class 3. 03
class 4. 04
class 5. 05
none of the above. . .06

(INTERVIEWER: HAND THE RESPONDENT THE PAGE WITH THE FIVE DESCRIPTIONS. MARK THE DESCRIPTION ABOVE THAT THEY INDICATE SOUNDS MOST LIKE THE CLASSES IN THEIR CENTER)

(THIS WILL BE ON A SEPARATE SHEET TO BE HANDED TO TEACHERS.)

Classroom 1: ~~Mrs.~~ Ms. Green

Mrs. Green's class is very open. The activities she uses with her children are determined by what she sees the children need. She does not use any preplanned sequenced activities, because she wants to concentrate on the "whole child" and his needs. This means that her teaching is directed toward intellectual, language, sensorimotor and socio-emotional development at the same time that she is trying to help the children develop a sense of well-being. She uses no written set of behavioral objectives, because the focus of her classroom changes day by day with what she sees the children need on any particular day.

Classroom 2: ~~Mrs.~~ Ms. Jones

Mrs. Jones plans learning activities which are designed to reach specific goals for the children. Mrs. Jones writes these specific goals by assessing the strengths and weaknesses of individual children in her class. She develops and follows a daily plan. She works hard on developing language skills, motor skills, reasoning skills, and social skills. Mrs. Jones selects and organizes the activities within a somewhat structured setting. The materials she uses are often developmentally sequenced and offer guidelines for her teaching.

Classroom 3: ~~Mr.~~ Ms. Smith

Mr. Smith has a very structured classroom. He believes that the children in his class will never get anywhere unless they learn the basic rules and concepts involved in language, arithmetic, and reading. He does not work directly on social positive self-concepts when they experience success in learning language, arithmetic and reading. He closely supervises each child in the class. He feels that given the small amount of time he has with the children, it is better for them to study academic skills rather than spend their time playing. He directs all of the learning activities and the children participate in prescribed ways.

Classroom 4: Ms. Johnson

Ms. Johnson's classroom is full of self-instructing materials that are designed so that the children can use them alone. The children are free to choose the materials they want to work with and to pace their own rate of learning. Ms. Johnson has no preplanned activities, but rather has planned her classroom in such a way that the materials do the teaching as the child plays with them. Ms. Johnson has a moderate level of structure in her class. She wants the children to learn rather than learn some specific content.

Classroom 5: Ms. Washington

Ms. Washington uses many activities and materials which she feels will improve cognitive or intellectual development. She is expecially interested in having the children develop abilities in classification, seriation, number, measurement, and space. The children in Ms. Washington's class participate in many well planned activities which are designed to stimulate mental activity. Ms. Washington designs lessons which require the children to manipulate both physically and mentally concrete materials and facts. These learning situations are set up to get reasoning repsonses from the child. Ms. Washington then responds to the child's reasoning, asking for explanation of the child's answers and guiding his use of the materials. The tasks are structured to encourage children to apply reasoning processes to a variety of situations rather than just learning rote answers.

✳ 31. **Do you use any published materials, curriculum guides, or kits in your center, at least one hour a week?**

CIRCLE ALL THAT APPLY

Uses own Curriculum. 01
Early Childhood Discovery Materials (Bank Street College). 02
An Activities Handbook for Teachers of Young Children (Croft and Hess). 03
The New Nursey School (Nimnicht) 04
Early Childhood Curriculum: Piaget Program (Weikart). . . 05
Cognitively Oriented Curriculum (Weikart). 06
Inquisitive Games: Discovering How to Learn 07
Inquisitive Games: Exploring Number and Space 08
GOAL: Language Development (Karnes) 09
GOAL: Math (Karnes) 10
Peabody Language Development Kit 11
PEEK Kit 12
Frosting Perceptual Motor Program. 13
Learning to Think (Thurstone). 14
Learning Accomplishment Profile LAP (Sanford). 15
Portage Project. 16
Memphis Program. 17
DISTAR: Language. 18
DISTAR: Reading 19
DISTAR: Math. 20
Alpha Time 21
Readiness Programs 22
Other (SPECIFY)

1. _____
2. _____
3. _____
4. _____
5. _____

X 32. In your center do the teachers decide on the type of teaching approach, teaching materials and curricula to use or are other Head Start personnel involved in this decision?

the teacher decides. . . . . 01 (GO TO Q.34)
the teacher has assistance . . . 02

X 33. What other personnel are involved in the decision?

	Yes	NO
Director	01	02
Education Coordinator.	01	02
Head Teacher	01	02
Teachers as a group.	01	02
Aides.	01	02
Parents.	01	02
Public School Staff.	01	02

Other (SPECIFY)

1. _____
2. _____
3. _____

X 34. Teachers emphasize different things in their teaching and curriculum. I am going to give you a list of developmental categories. Please rank each category according to which ones are most emphasized in the classes in your center. Rank the categories with 1 being the most emphasized and 7 being the least emphasized.

(HAND LIST TO RESPONDENT.)

	RANK
Sensory Motor Development	_____
Language Development.	_____
Group And Social Skills Development	_____
Concept Development	_____
Academic Skills Development	_____
Self-Esteem Development	_____
Motivational Development.	_____

SECTION VIII. PARENT INVOLVEMENT

35. Now I would like to ask you a few questions about parent involvement in your Head Start Center. First I need to know about how many of the children in the children in the center live with:

	ENTER TOTAL NUMBER IF 0 ENTER 0
Both Parents (This Includes Natural, Adoptive, Foster And Step Parents) _____ x 2 = ...	_____
Single Parent (Separated, Divorced, Widowed).	_____
Other Relatives (Aunts, Uncles, Grand Parents, Etc.).	_____
TOTAL	_____

36. About how many of these _____adults participate in Head Start activities (attend meetings, go on field trips, visit the classes, etc.)?

_____number of adults

37. Of the _____ adults who participate in the Head Start activities, about how many participate:

	TOTAL NUMBER
Almost Daily.	_____
At Least Weekly	_____
At Least Monthly.	_____

38. About how many of these _____ adults who participate in Head Start activities are:

Males	_____
Females	_____

39. Do parents schedule a visit in the classroom or do they drop in when they have time?

Scheduled.	01
Not Scheduled. . . .	02
Both	03